

Name  
In  
Full

Daisy V. Airey

CERTIFICATE OF DEATH



TO BE ANSWERED BY  
NEAREST FRIEND

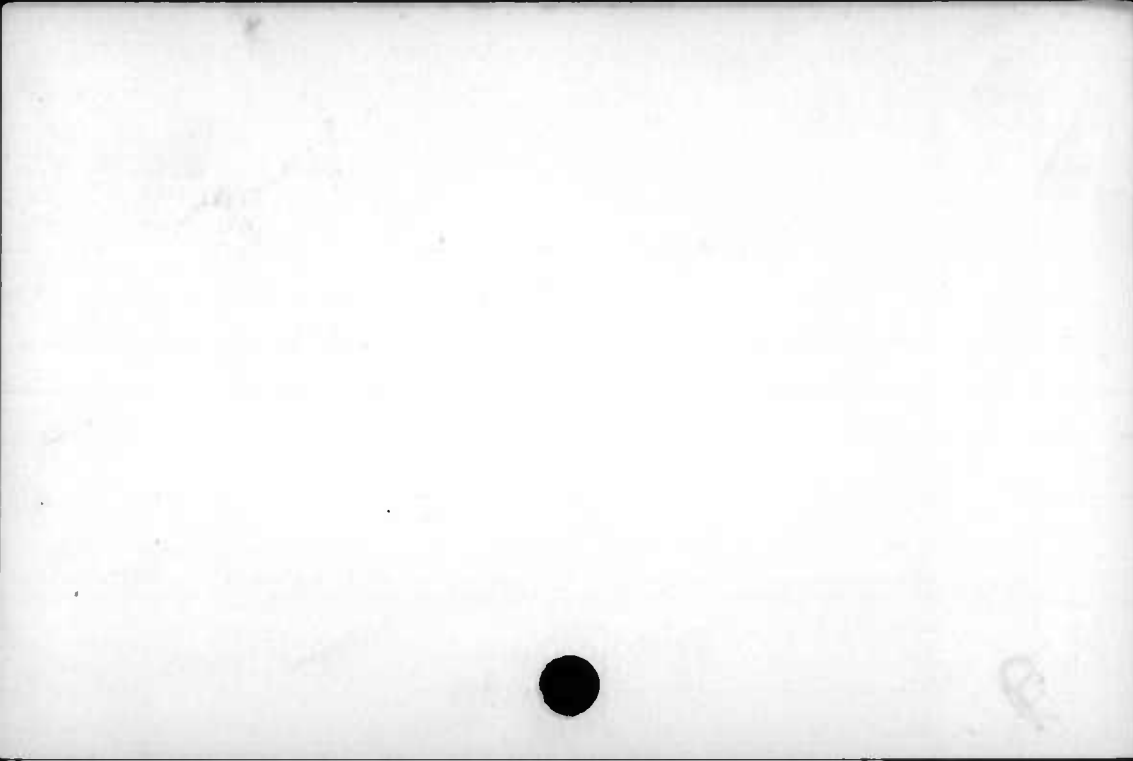
Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		<u>Md.</u> <small>MARYLAND</small>	
Date of death	<u>1907</u> <small>Year</small>	<u>April</u> <small>Month</small>	<u>20</u> <small>Day</small>	<u>26</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Roseville Co.</u>
Occupation	<u>House Wife</u>		Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>James R. Airey</u>		
Father's Name	<u>James R. Airey</u>			Father's Birthplace	<u>Cambridge</u>
Mother's Maiden Name	<u>Julie E. Airey</u>			Mother's Birthplace	<u>Cambridge</u>
Name of person giving information	<u>May Airey</u>			How related to deceased	<u>Sister Mother</u>

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis of Lung</u>	How long	<u>Don't know</u>
Immediate	<u>Asphyxia</u>	How long	<u>2 months</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
Signature of Physician		<u>Morton W. Goldsborough L.</u>	
Address		<u>Cambridge Md.</u>	
<div>  </div>			
<div>  </div>			
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

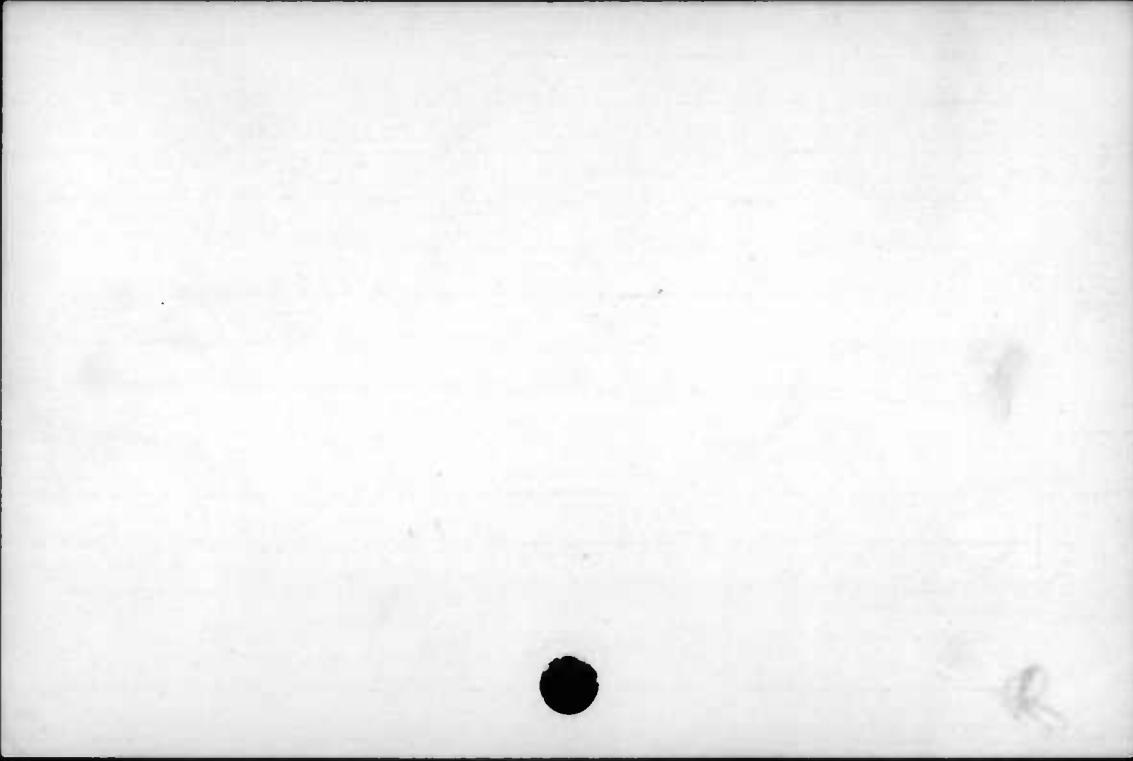
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Lorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1904</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>9th</i> <small>Day</small>	Age <i>38</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth place <i>Lorchester Co</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha Anderson</i>				
Father's Name <i>Chas H. Anderson</i>	Father's Birth place <i>Lorchester Co</i>		Mother's Birth place <i>Lorchester Co</i>		
Mother's Maiden Name <i>Louisa Holland</i>	Name of person giving information <i>Martha Anderson</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Floridae</i>	<i>(27)</i>	How long <i>Two months</i>
Immediate <i>As themia</i>		How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter T. Reynolds M.D.</i>	
	Address <i>Cambridge Md.</i>	
Accident or Suicide? <i>No</i>		



Name  
in  
Full

Charles H Banks

## CERTIFICATE OF DEATH

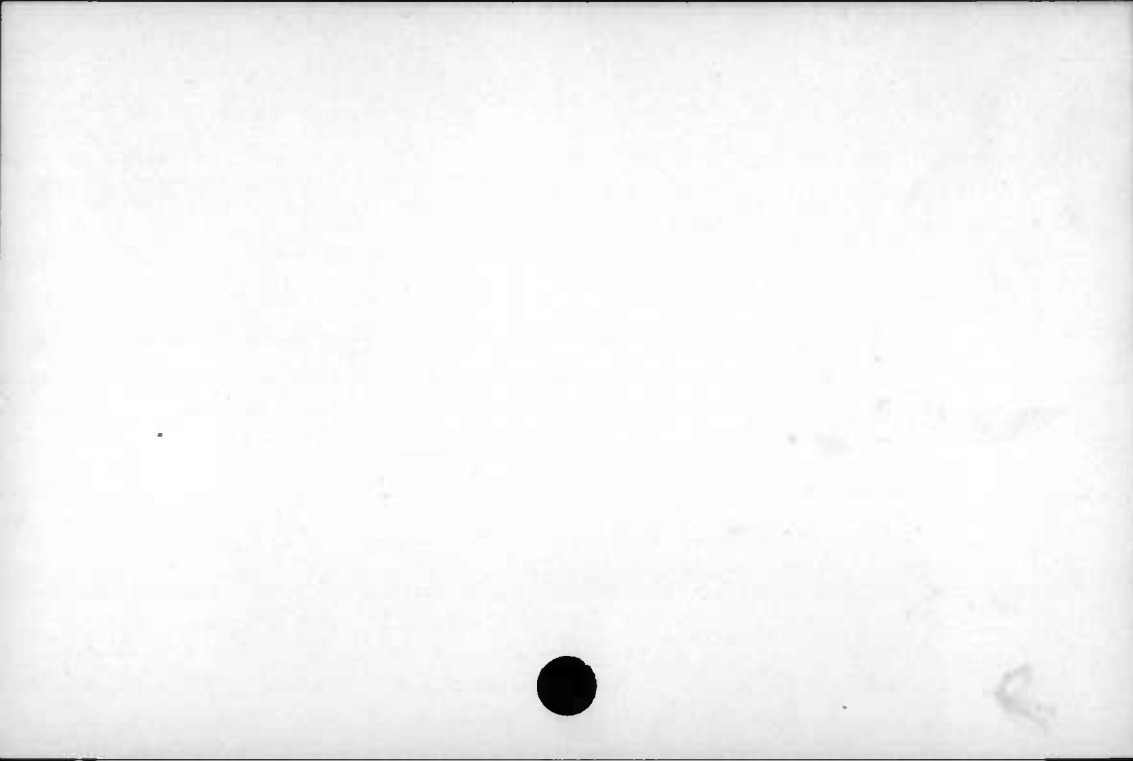
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lloyd's</u> <sup>Town</sup>		<u>Borchester</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Apr	Day	8
Age	3	Years	8	Months	
Sex	male	Color or Race	negro	Birth-place	Lloyd's. Md
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Chas. Banks	Father's Birthplace			
Mother's Maiden Name	Laura Stanley	Mother's Birthplace			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	
Immediate	Broncho-pneumonia.	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. A. Stokes
		Address	R 7 b #5 Cambridge
Accident or Suicide?			



Name  
in  
Full

X

Bell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wrights</u> <sup>Town</sup>		<u>Burchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>Apr</u>	<sup>Day</sup> <u>28</u>	Age <u>0</u> <sup>Years</sup>	<u>0</u> <sup>Months</sup>	<u>4</u> <sup>Days</sup>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Wrights</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Wrights</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Thos. Bell</u>	Father's Birthplace <u>W. Co Ind.</u>				
Mother's Maiden Name <u>Essie Bell</u>	Mother's Birthplace <u>W. Co Ind.</u>				
Name of person giving information <u>Thos Bell</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <u>meningeal haemorrhage</u>	How long <u>+ days</u>
Immediate <u>Convulsions</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes</u>
	Address <u>Rt 6 #5 Cambridge</u>
	<u>ma</u>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

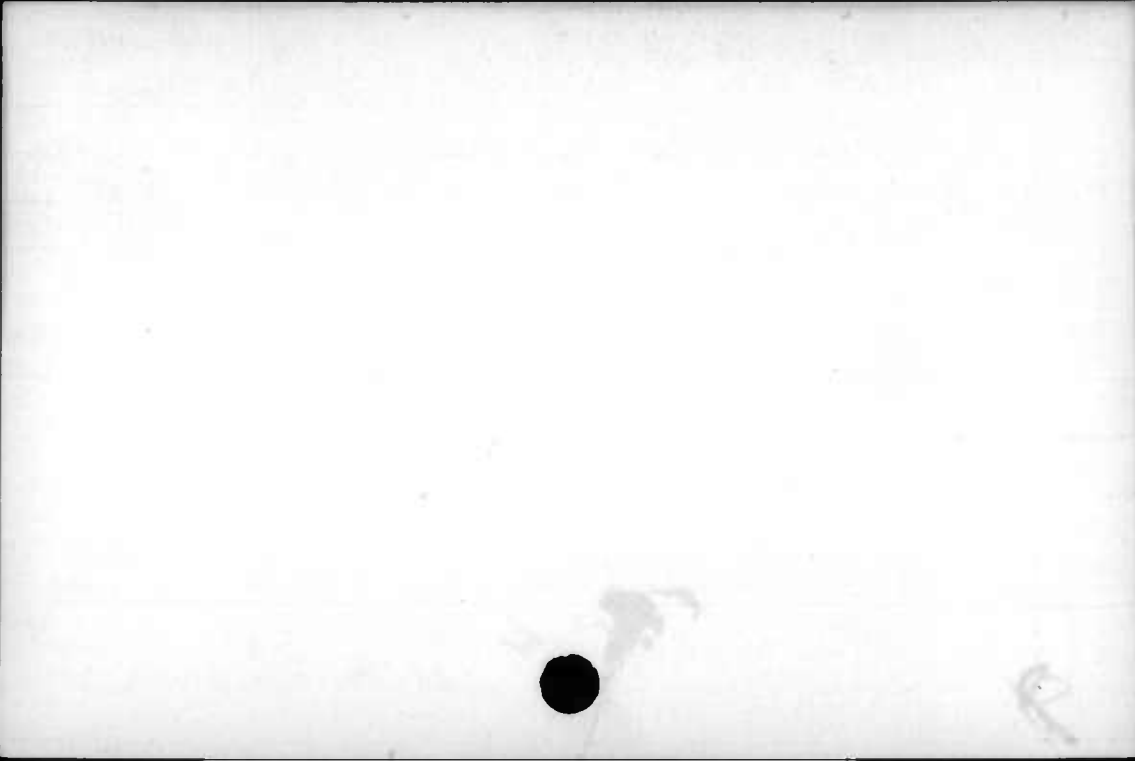
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lloyds</u> Town		<u>Donchester</u> County		MARYLAND	
Date of death	190 <u>7</u> Month <u>Dec</u>	Day <u>22</u>	Age <u>67</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Ind</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John C Bishop</u>				
Father's Name <u>John Sheehan</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Mary Mac Mahon</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Joe MacFadden</u>	How related to deceased <u>Son in law</u>				
CAUSES OF DEATH					

82

PHYSICIAN  
OR CORONER

Primary <u>Cerebral embolism</u>	How long <u>2 yrs</u>
Immediate <u>softening of brain</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. A. Stokes</u>
	Address <u>Rt 65 Cambridge</u>
	<u>Ind</u>
Accident or Suicide? <u>  </u>	



Name  
in  
Full

Louis M Blezzard, Dorchester

## CERTIFICATE OF DEATH

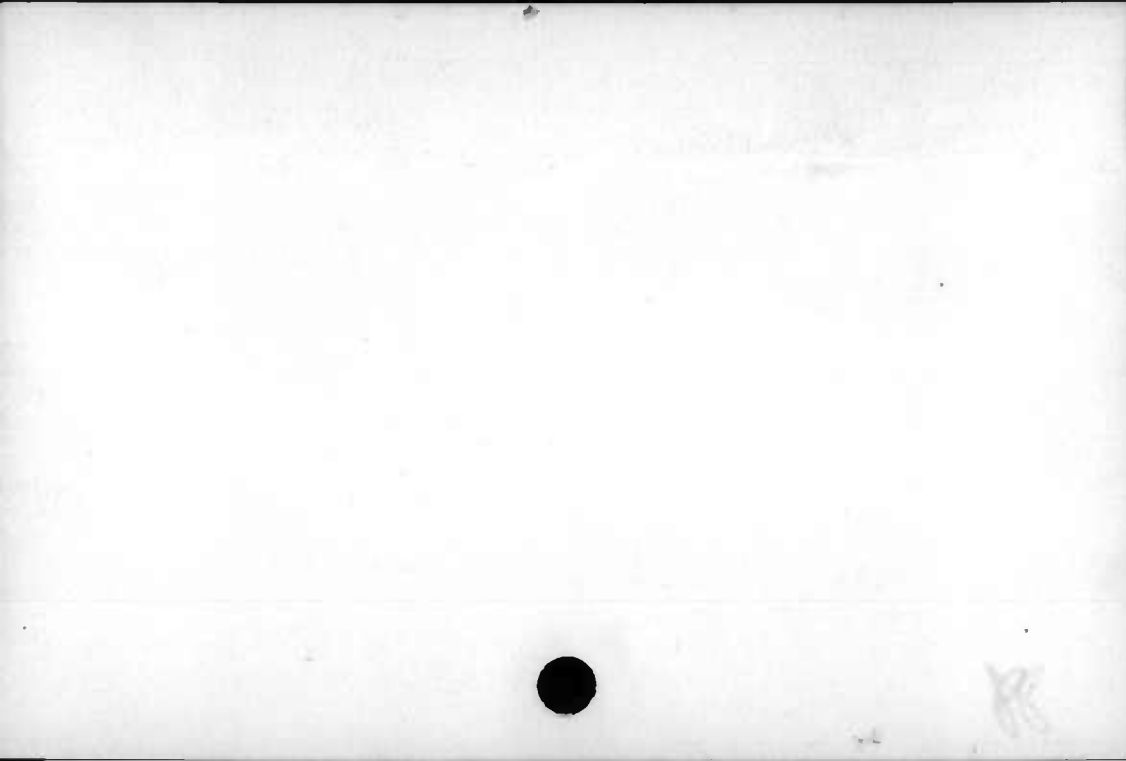
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Vienna</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1907	Month	4	Day	13
Age		21	Years	8	Months
Sex	Male	Color or Race	White	Birth place	Dorchester Co
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name	Fred Blezzard			Father's Birthplace	md
Mother's Maiden Name	unknown			Mother's Birthplace	md
Name of person giving information	Fred Blezzard			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Accident at	How long	(172)
Immediate	Crowning	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Y		Address	
Accident or Suicide?		J. O. Maguire	
		H. L. Lock	
		md	



Name  
in  
Full

Eugene S. Prashman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

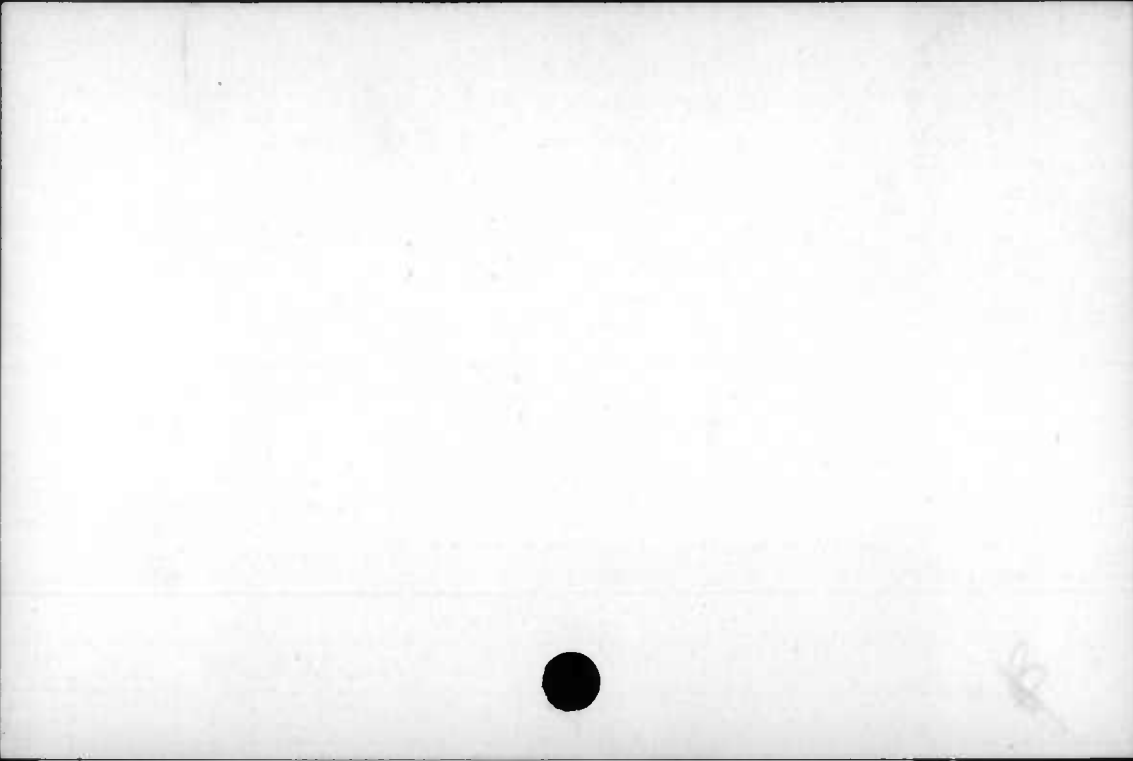
Died at <u>Cambridge</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	1901	Month	Apr	Day	5
Age	60	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Wm. Co. Md.
Occupation	Const. Builder		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Jm. Prashman		Father's Birthplace		
Mother's Maiden Name	Barnes		Mother's Birthplace		
Name of person giving information	Eugene S. Prashman		How related to deceased		

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Arterio-sclerosis (alcoholic)	How long	many years
Immediate	Cerebral hemorrhage	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yps		Eugene S. Prashman	
		Address	
		Cambridge Md.	
Accident or Suicide?			



Name  
in  
Full

Phoebe Brown

CERTIFICATE OF DEATH

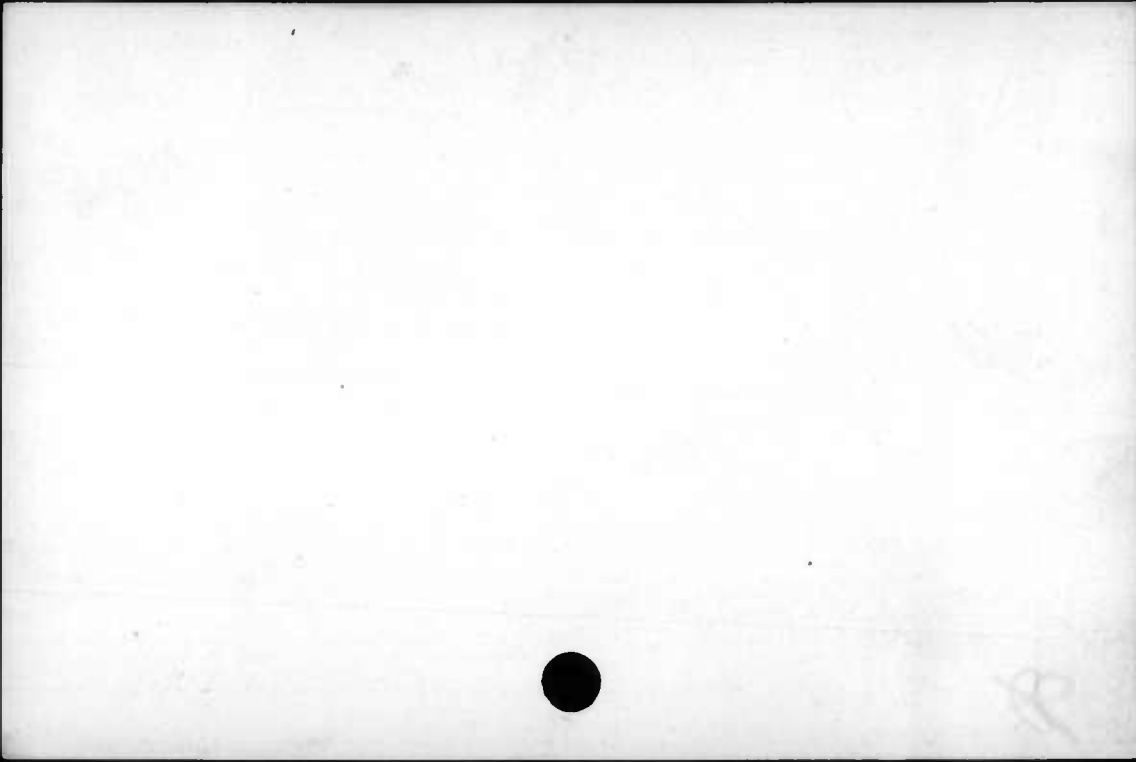
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Milton</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death	1907	Month <u>April</u>	Day <u>20</u>	Age <u>23</u>	Months <u>0</u> Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Dorchester Md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Milton -</u>				
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband <u>John Brown</u>				
Father's Name <u>Anthony Saunders</u>	Father's Birthplace <u>Dorchester Md</u>		Mother's Birthplace <u>Dorchester Md</u>		
Mother's Maiden Name <u>Sarah L. Jones</u>	How related to deceased <u>Wife at all</u>				
Name of person giving information <u>Howard Richardson</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>About 6 months</u>
Immediate <u>Acute</u>	How long <u>About 2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Victor H. Lane M.D.</u>
	Address <u>Cambridge Md</u>
Accident or Suicide?	





Name  
in  
Full

Piscella J Bryan

## CERTIFICATE OF DEATH



TO BE ANSWERED BY  
NEAREST FRIEND

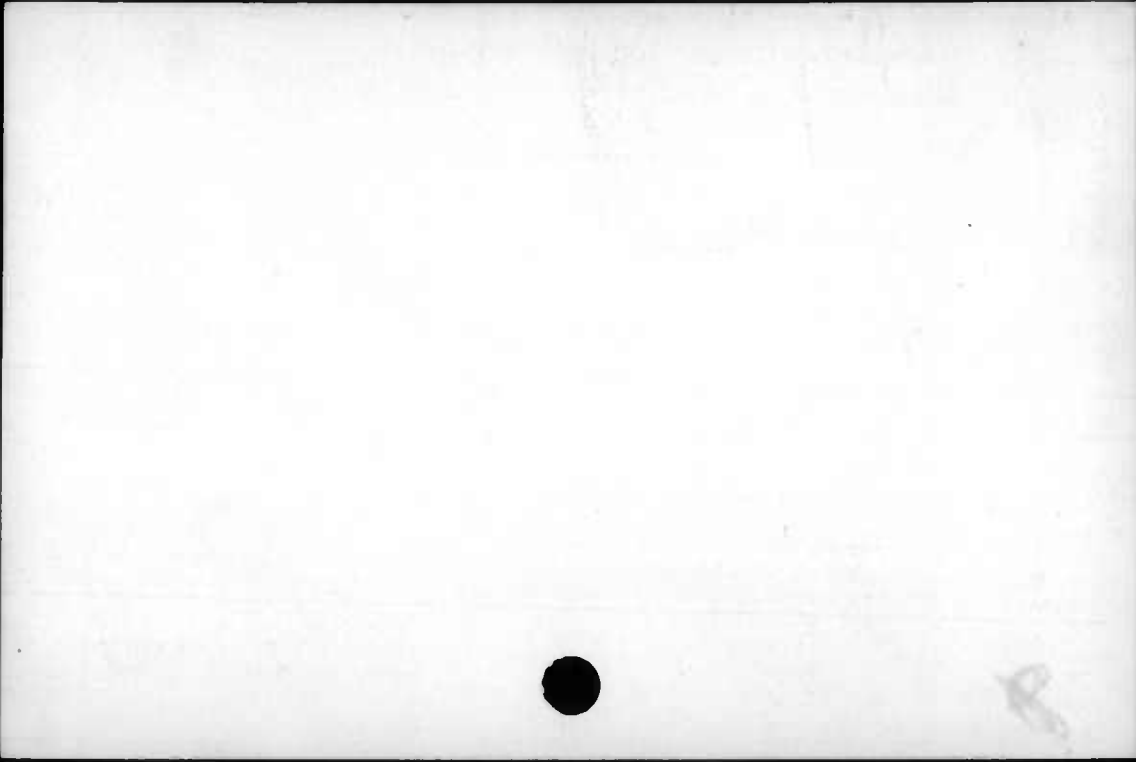
Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>21</i>	Years <i>59</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Giffen Neck</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Cambridge</i>				
Married, <del>Single</del> or Widowed	Name of Wife or Husband <i>Robert R. Bryan</i>				
Father's Name <i>Levin Standley</i>	Father's Birthplace <i>East New Market</i>				
Mother's Maiden Name <i>Piscella Standley</i>	Mother's Birthplace <i>East New Market</i>				
Name of person giving information <i>Levin Standley</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary <i>Enter-Colitis (Tubercular)</i>	How long <i>Don't Know</i>
Immediate <i>Exhaustion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Wolff</i>
	Address <i>Cambridge, Md.</i>
	
	
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

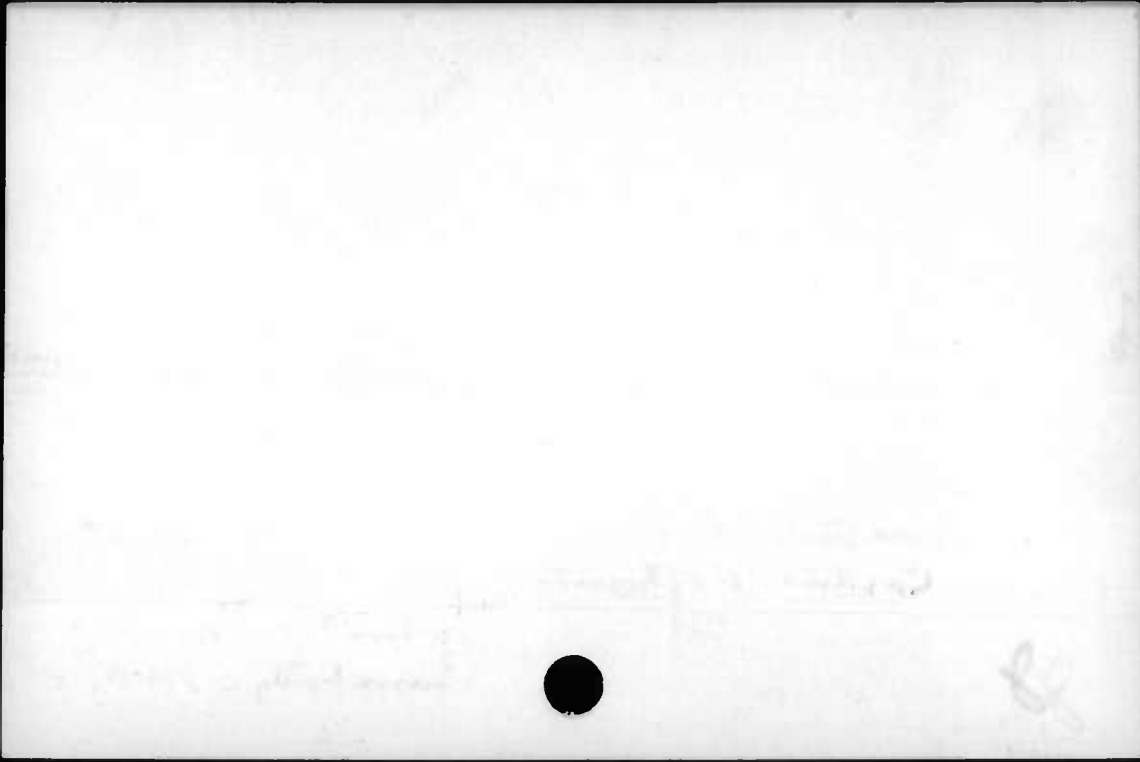
Name in Full <i>Low Cephus</i>		Town <i>Frickville</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Frickville</i>		Month <i>4</i>		Day <i>20</i>		Age <i>19</i>	
Date of death <i>1907</i>		Months <i>unknown</i>		Years <i>cc</i>		Days	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>md</i>			
Occupation <i>servant</i>		Where Residing if not at place of death <i>Frickville</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>John Cephus</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>John Cephus</i>		How related to deceased <i>Bro</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. J. Maguire</i>
<i>J</i>	Address <i>Frickville</i>
Accident or Suicide?	<i>Dorchester Co Md</i>



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND
	Date of death <u>1907</u>	<u>April</u> <small>Month</small>	<u>14</u> <small>Day</small>	Age <u>87</u> <small>Years</small>	<u>—</u> <small>Months</small>
	Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Dorchester Co</u>	
	Occupation <u>House Wife</u>		Where Residing if not at place of death <u>Dorchester Co</u>		
	<del>Married</del> <u>Single</u> <small>or Widowed</small>		Name of Wife or Husband		
	Father's Name <u>James Hill</u>		Father's Birthplace <u>Dorchester</u>		
	Mother's Maiden Name <u>Annie Hill</u>		Mother's Birthplace <u>Dorchester</u>		
PHYSICIAN OR CORONER	Name of person giving information <u>M. J. Harris</u>		How related to deceased <u>Son</u>		
	CAUSES OF DEATH				
	Primary <u>Fractured leg.</u>		How long <u>4 months</u>		
Immediate <u>Cardiac Asthenia</u>		How long			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John C. Thomas</u>			
		Address <u>Cambridge Md.</u>			
Accident or Suicide?					



88

Name  
in  
Full

Arch Clash

bury Bucktown

## CERTIFICATE OF DEATH

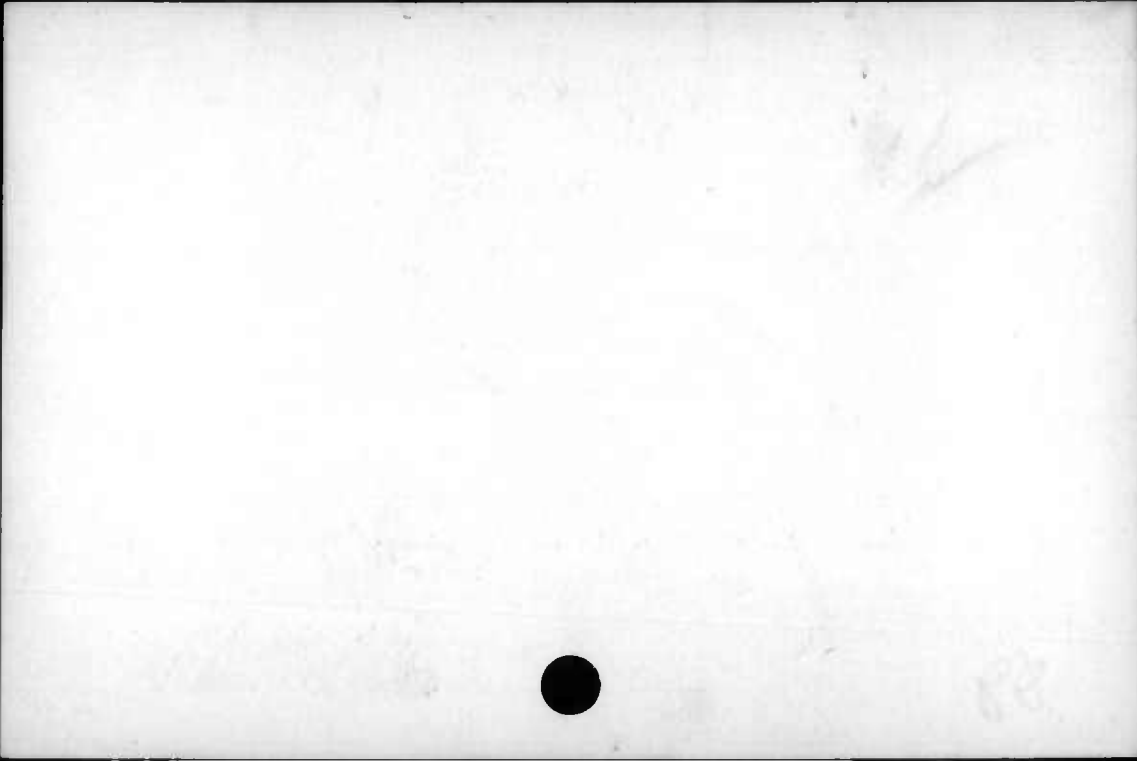
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Cambridge</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>April</i>	Day <i>30</i>	Age <i>57</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Dorchester Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Clash</i>					
Father's Name <i>Dennard Clash</i>		Father's Birthplace <i>Dorchester Co.</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Dennis E. Keene</i>		How related to deceased <i>not at all neighbor</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>about 1 year</i>
Immediate <i>not known</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Mac</i>
<i>J</i>	Address <i>Cambridge</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

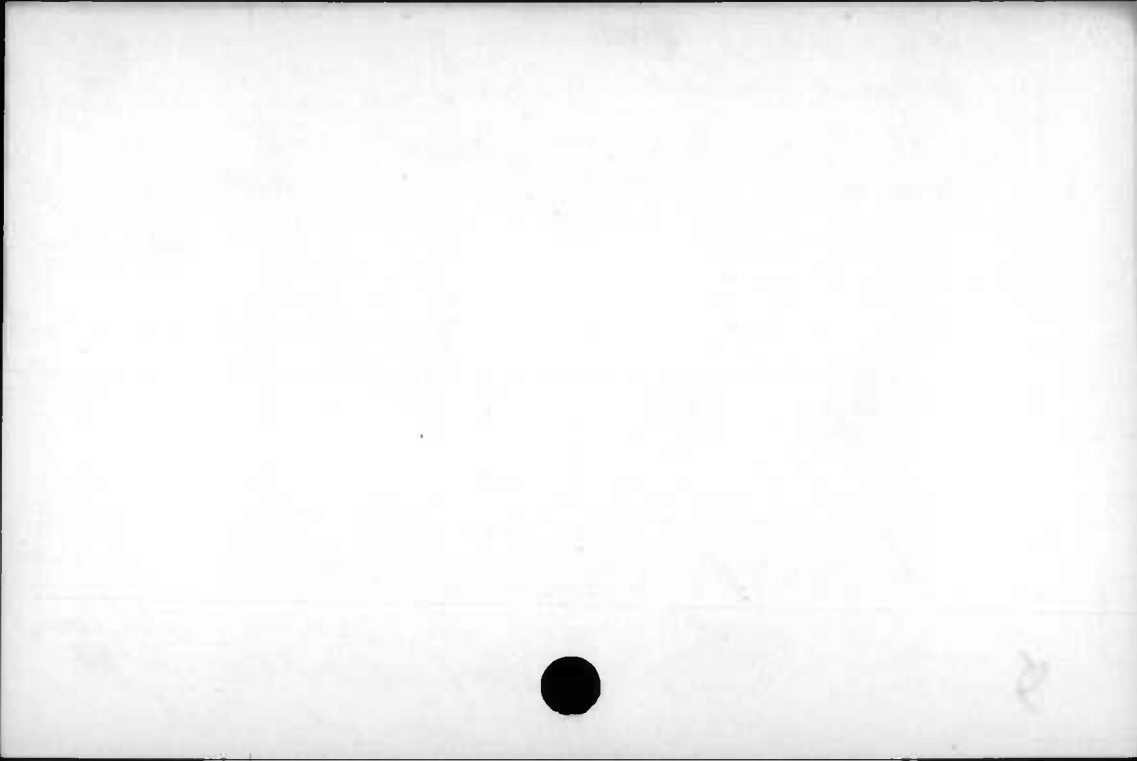
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brookland</i> Town		<i>Hollins</i> County		MARYLAND	
Date of death	1907	Month	April	Day	26
Age	—	Years	—	Months	8
Sex	Female	Color or Race	Colored	Birth-place	Brookland
Occupation	Dressmaker		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single		Amanda Neal			
Father's Name		Dan McCallister		Father's Birthplace	
				Md	
Mother's Maiden Name		Amanda Neal		Mother's Birthplace	
				Md	
Name of person giving information		Eliza Aldrick		How related to deceased	
				none	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Unknown</i>	How long	1 day
Immediate	<i>Unknown</i>	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>D. H. Maguire</i>	
		Address	
		<i>Brookland Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hoopersville</i> Town		<i>Dor</i> County		MARYLAND	
Date of death	<i>1907</i> Year	<i>Apr</i> Month	<i>25</i> Day	Age	<i>8</i> Years
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Hoopersville</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name <i>Ely Cox</i>			Father's Birthplace <i>Farmmount</i>		
Mother's Maiden Name <i>Victoria Tyler</i>			Mother's Birthplace <i>Hoopersville</i>		
Name of person giving information <i>Ben J Hooper</i>			How related to deceased <i>son</i>		

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary	<i>Suffocated by an atter</i>	How long	<i>—</i>
Immediate	<i>Child</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lawrence Easton</i>	
		Address <i>Hoopersville Dor co Md</i>	
Accident or Suicide?			



Name  
in  
Full

Hester Furbush

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Holland</i> <sup>Town</sup>		<i>Island</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>10</i>	Age <i>87</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Not-known</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Unkn</i>	Name of Wife or Husband <i>Annies Furbush</i>				
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>not-known</i>	Mother's Birthplace <i>not-known</i>				
Name of person giving information <i>—</i>	How related to deceased <i>—</i>				

## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary

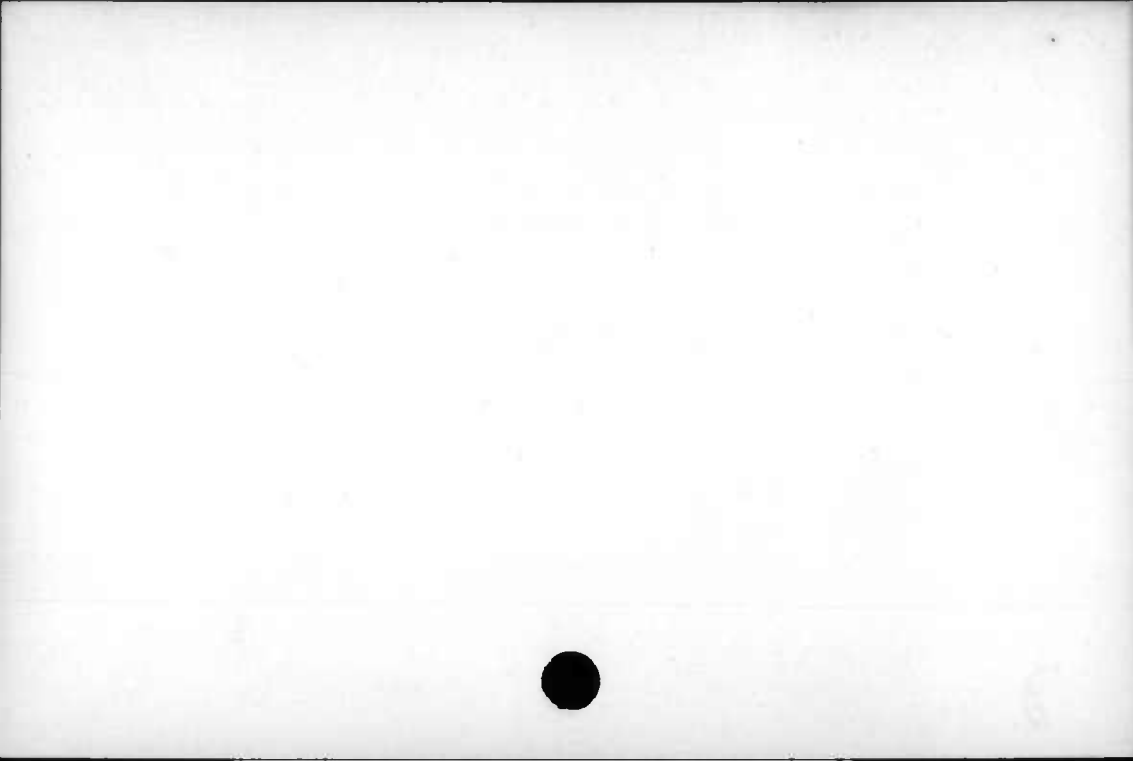
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

*Catharine Eloina Gore*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Lakesville* <sup>Town</sup> *Horchester* <sup>County</sup> **MARYLAND**

Date of death **1907** <sup>Month</sup> *April* <sup>Day</sup> *4* <sup>Years</sup> *51* <sup>Months</sup> *Unknown* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John R. Gore*

Father's Name *Levi Hughes* Father's Birthplace *Ind*

Mother's Maiden Name *Annie Moore* Mother's Birthplace *Ind*

Name of person giving information *John R. Gore* How related to deceased *Husband*

CAUSES OF DEATH

**43**

PHYSICIAN  
OR CORONER

Primary *Carcinoma of Breast* How long *18 mos.*

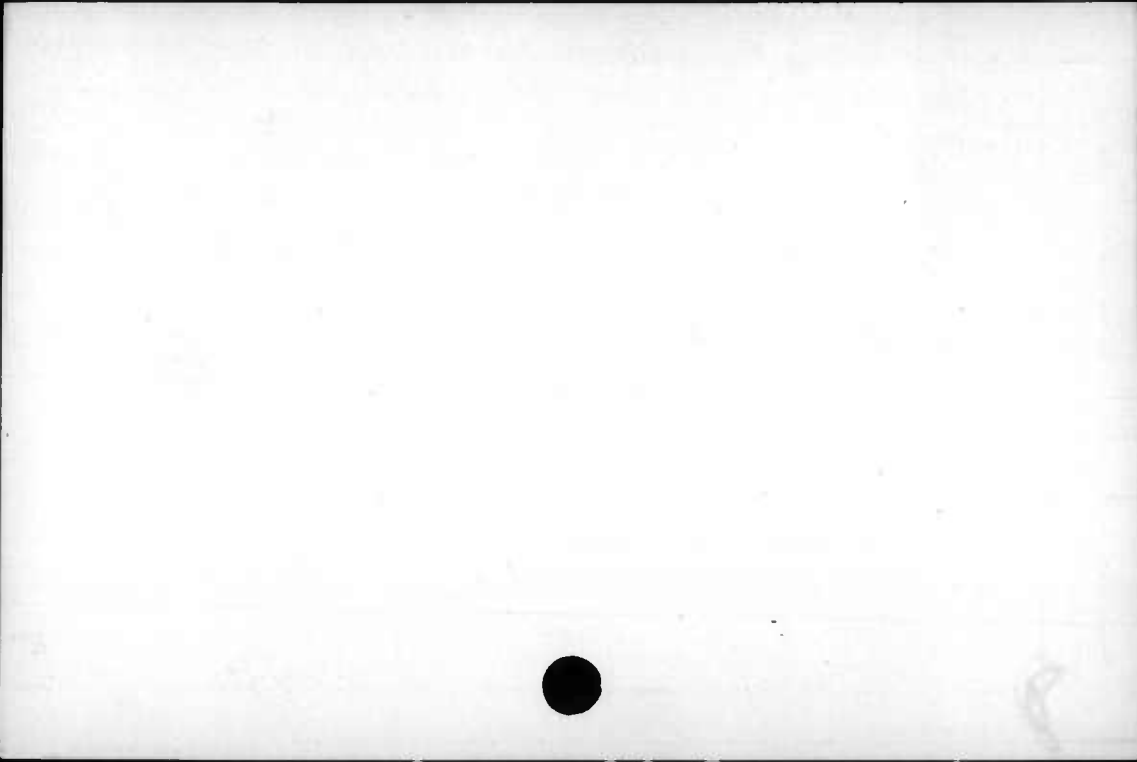
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. A. Jones*

Address *Lakesville*

Accident or Suicide?





Name  
in  
Full

Marie Hayden

## CERTIFICATE OF DEATH

MARYLAND

Died at East New Market <sup>Town</sup> Dorchester <sup>County</sup>Date of death 1907 <sup>Month</sup> 4 <sup>Day</sup> 18 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 11 <sup>Days</sup> 15Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> DorchesterOccupation none <sup>Where Residing if not at place of death</sup> Same placeMarried, Single or Widowed Single <sup>Name of Wife or Husband</sup> noneFather's Name Robert Hayden <sup>Father's Birthplace</sup> Dor. CoMother's Maiden Name Catherine Morris <sup>Mother's Birthplace</sup> " "Name of person giving information E. Bridge Jenkins <sup>How related to deceased</sup> None

## CAUSES OF DEATH

(179)

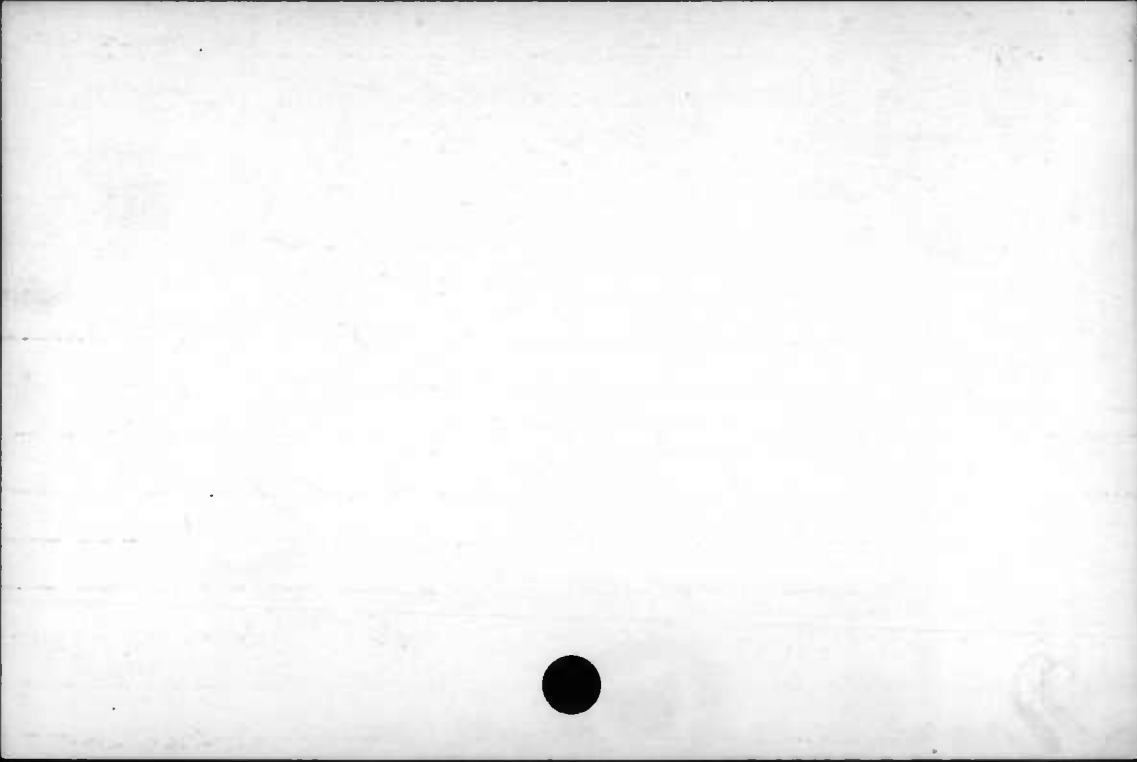
Unknown

Primary Catherine in Head <sup>How long</sup> " "Immediate unknown <sup>How long</sup> " "Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> None

Address Wm. J. Abdele II

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Jane Hallana

## CERTIFICATE OF DEATH

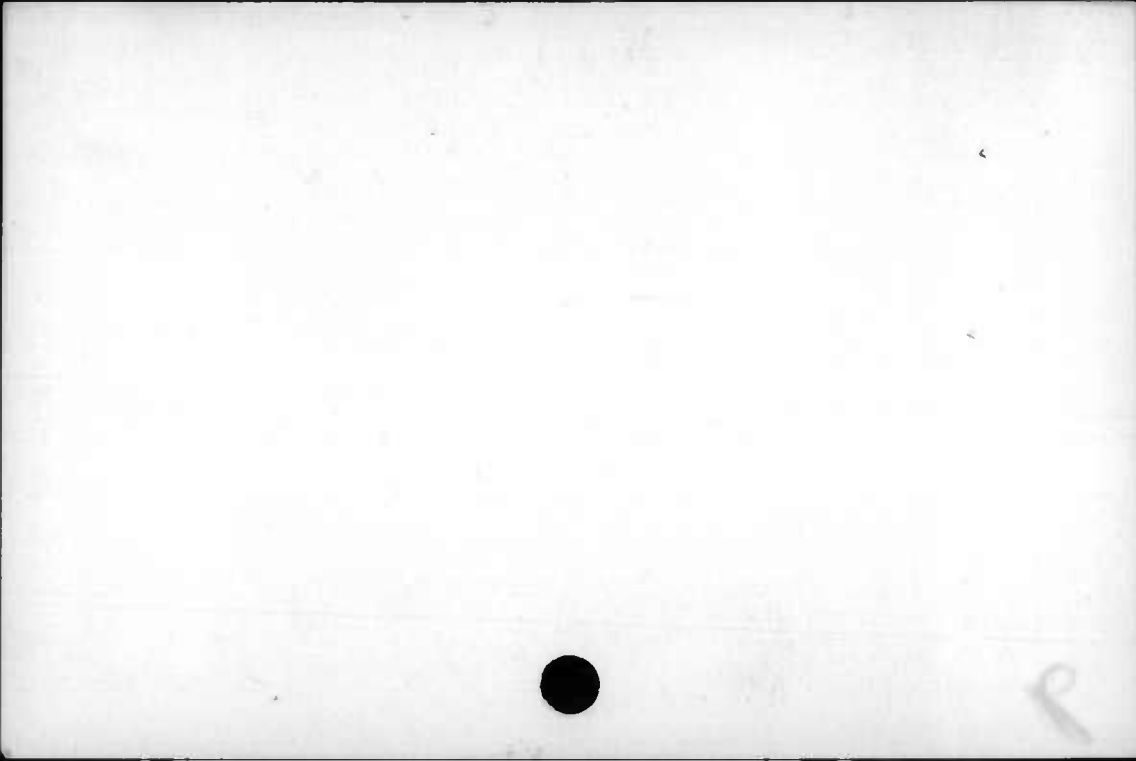
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>near</sup> <u>Cambriage</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1907	Month	April	Day	22 <sup>nd</sup>
Age		59		Years	
Sex	Female	Color or Race	Colored	Birth-place	Dorchester Co
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed		Married			
Name of Wife or Husband		David H. Hallana			
Father's Name	Siah Bowley			Father's Birthplace	Dorchester Co
Mother's Maiden Name	don't know			Mother's Birthplace	
Name of person giving information	Samuel Hallana			How related to deceased	Brother in Law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pyatemia</u>	(179)	How long	<u>About 4 weeks</u>
Immediate	<u>Septicemia</u>		How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>U. H. Haskin</u>	
		Address	<u>Cambriage, Md.</u>	
Accident or Suicide?				



Name  
in  
Full

William J. Hooper

## CERTIFICATE OF DEATH

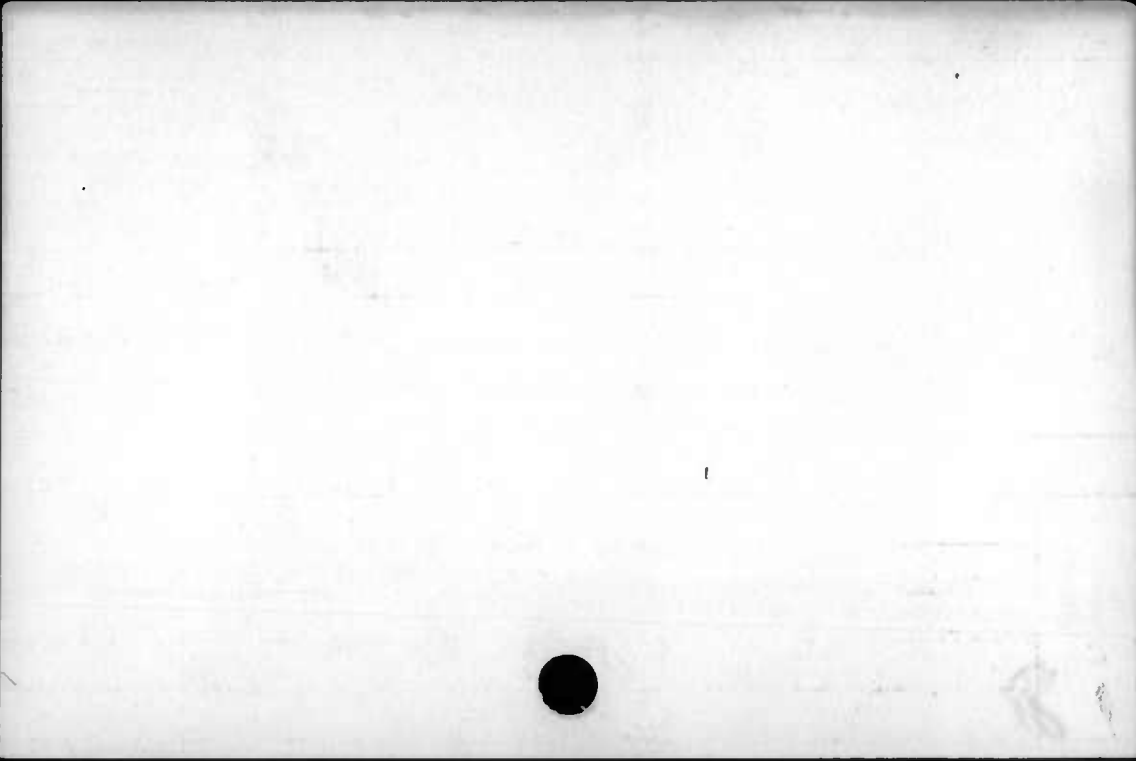
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town New Cambridge		County Dorchester		MARYLAND	
Date of death	1907	Month Apr.	Day 27	Age 60	Years	Months	Days
Sex	Male		Color or Race	White		Birth place	Ind
Occupation	Farmer			Where Residing if not at place of death Army			
Married, Single or Widowed	Married		Name of Wife or Husband		Stella Unobtainable		
Father's Name	Jesse Hooper				Father's Birthplace	Ind	
Mother's Maiden Name	Vance				Mother's Birthplace	Ind	
Name of person giving In formation	Richard Hooper				How related to deceased	Half brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis -	(27)	How long	Don't know
Immediate	Don't know as I have not seen him for months			
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. E. W. Jeff
			Address	Cambridge, Ind
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

*Harpersville*

Town

*Dorchester*

County

MARYLAND

Date

of death *1907*

Month

*April*

Day

*2*

Age

Year's

Months

Days

Sex

*Male*

Color or  
Race

*colored*

Birth-  
place

*Harpersville*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name or Wife or  
Husband

Father's  
Name

*Ernest Johnson*

Father's  
Birthplace

*Dorchester Co*

Mother's  
Maiden Name

*Mary J. Bitchet*

Mother's  
Birthplace

*Dorchester Co*

Name of person giving  
in formation

*Ernest Johnson*

How related  
to deceased

*Father*

CAUSES OF DEATH

**93**

Primary

How long

Immediate

*Pneumonia*

How long

Are the name, age, sex, color, date  
and place correctly given above?

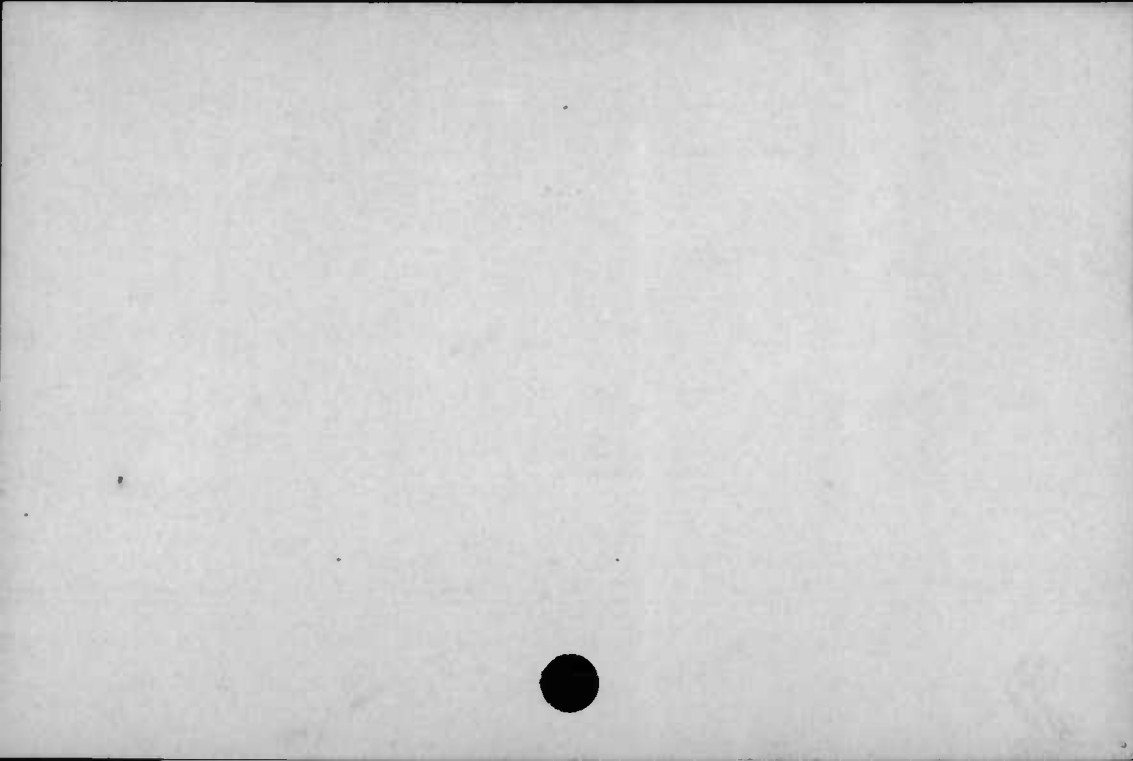
Signature of  
Physician

*Lawrence P. Ashton, Jr.*

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

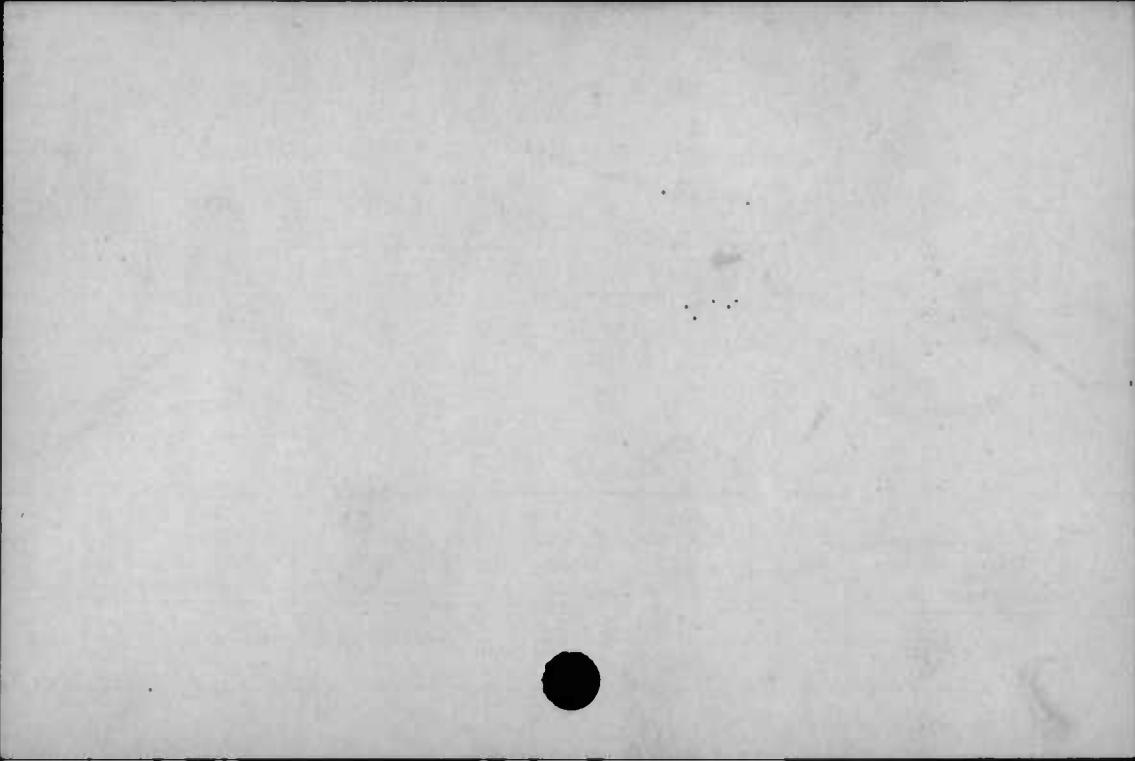
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Harpersville</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		190	Month <i>April</i>	Day <i>28</i>	Age <i>3</i>	Years	Months Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Harpersville</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Ernest Johnson</i>				Father's Birthplace <i>Dorchester Co</i>			
Mother's Maiden Name <i>Mary J.ritchard</i>				Mother's Birthplace <i>Dorchester Co</i>			
Name of person giving information <i>Ernest Johnson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Bronchitis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lawrence F. Ashbaugh</i>
	Address <i>Harpersville Ind</i>
Accident or Suicide?	



Name  
in  
Full

Susie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

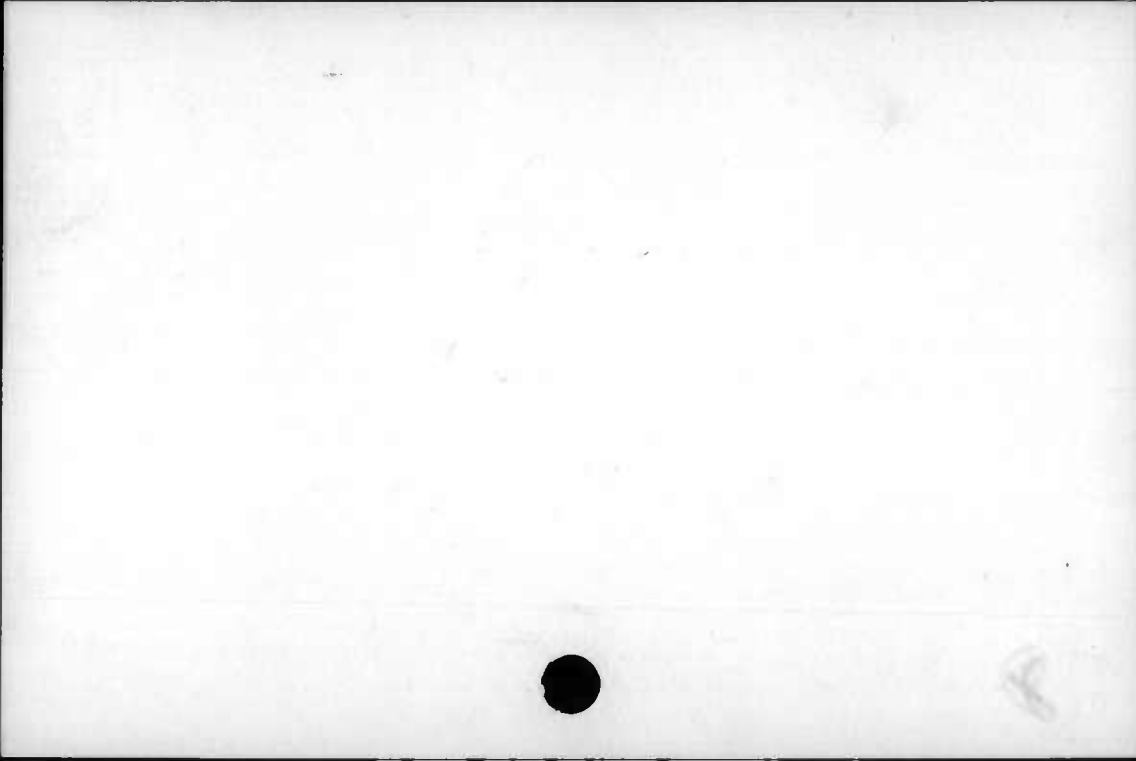
Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester Co</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>April</u> <small>Month</small>	<u>17</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>      </u> <small>Months</small>	<u>      </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Aureys Md</u>			
Occupation <u>House Keeper</u>	Where Residing if not at place of death <u>Cambridge</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Richard Jones</u>				
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Don't Know</u>				
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>				
Name of person giving information <u>Mattie Day</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary <u>Accidental Burning</u>	How long <u>15 minutes.</u>
Immediate <u>Shock.</u>	How long <u>Very short</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolff</u>
	Address <u>Cambridge Md</u>
Accident or Suicide? <u>X</u>	



Name  
in  
Full



## CERTIFICATE OF DEATH

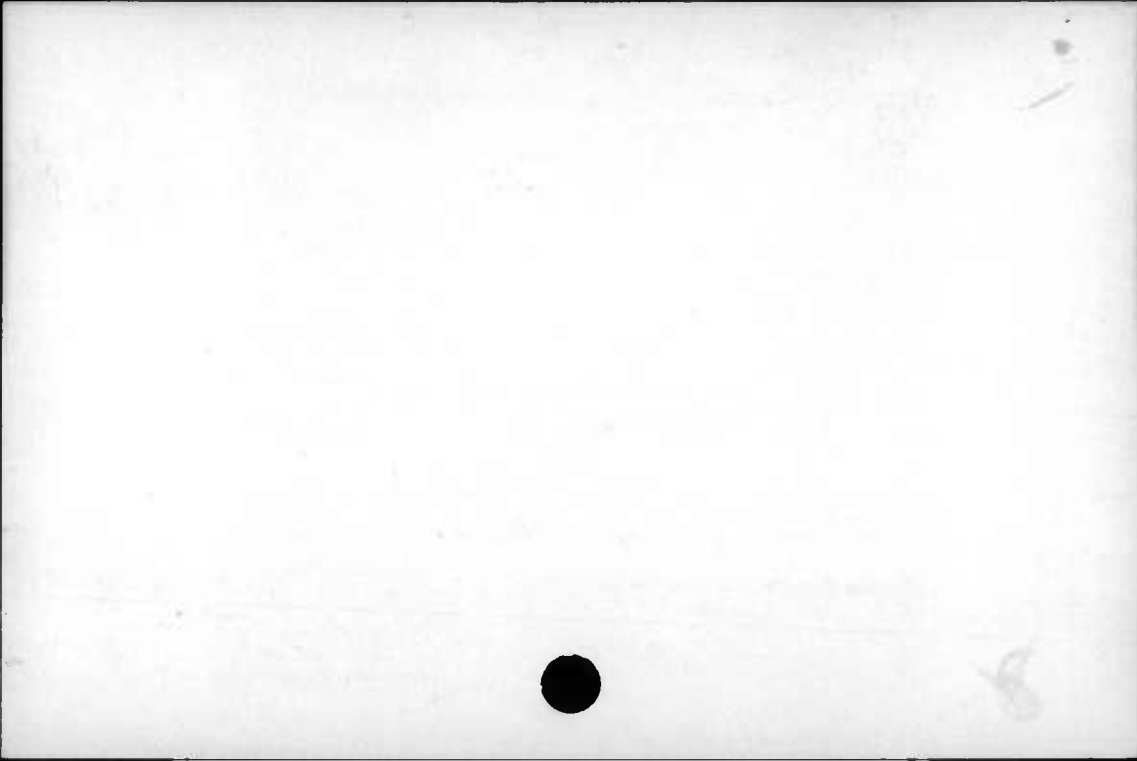
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>2 Hawkey</i> Town		<i>Sorchester</i> County		MARYLAND	
Date of death <i>1907</i>	<i>7</i> Month	<i>4th</i> Day	Age	<i>7</i> Months	<i>1</i> Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Hawkeye</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Hawkeye</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Walter Lee</i>			Father's Birthplace <i>Lancaster Co</i>		
Mother's Maiden Name <i>Lurey Lee</i>			Mother's Birthplace <i>Hawkeye</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Child</i>		

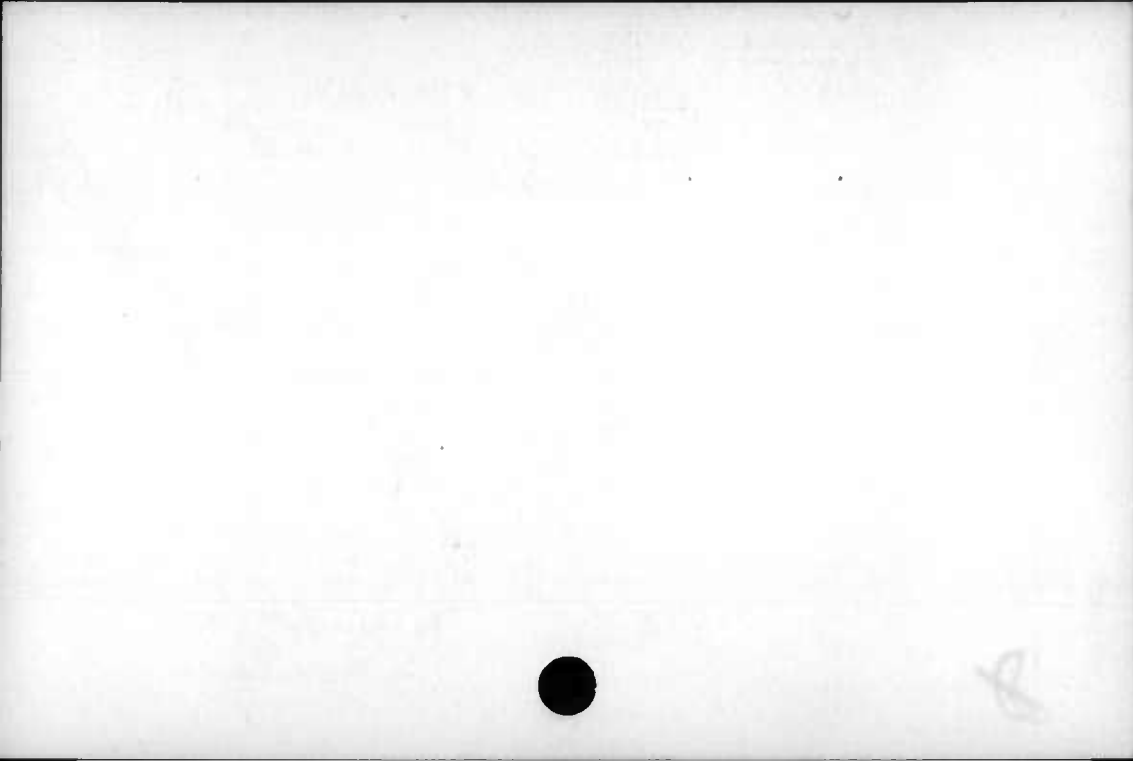
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>unknown</i>	How long	<i>unknown</i>
Immediate	<i>Cramp</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>None</i>
		Address	
		<i>None</i>	
Accident or Suicide?		<i>yes</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Buckeysville</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND
	Date of death <i>1907</i>	<i>Apr</i> <small>Month</small>	<i>30</i> <small>Day</small>	<i>4</i> <small>Years</small>	<i>3</i> <small>Months</small> <i>7</i> <small>Days</small>
	Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Dr. Conrad.</i>	
	Occupation <i>Boy</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Robt. G. Gove</i>	Father's Birthplace <i>Dr. Conrad.</i>		Mother's Birthplace <i>Dr. Conrad.</i>	
	Mother's Maiden Name <i>Johnnie Manning</i>	Name of person giving information <i>Robt. G. Gove</i>		How related to deceased <i>father</i>	
CAUSES OF DEATH <span style="float: right;">(119)</span>					
PHYSICIAN OR CORONER	Primary <i>Birth lesions following tetanoid</i>		How long <i>4 months</i>		
	Immediate <i>Uremic Convulsions</i>		How long <i>4 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. H. H. H. H. H.</i>		
	<i>J</i>		Address <i>Cambridge Md.</i>		
Accident or Suicide?					





Name  
in  
Full

William Martin

## CERTIFICATE OF DEATH

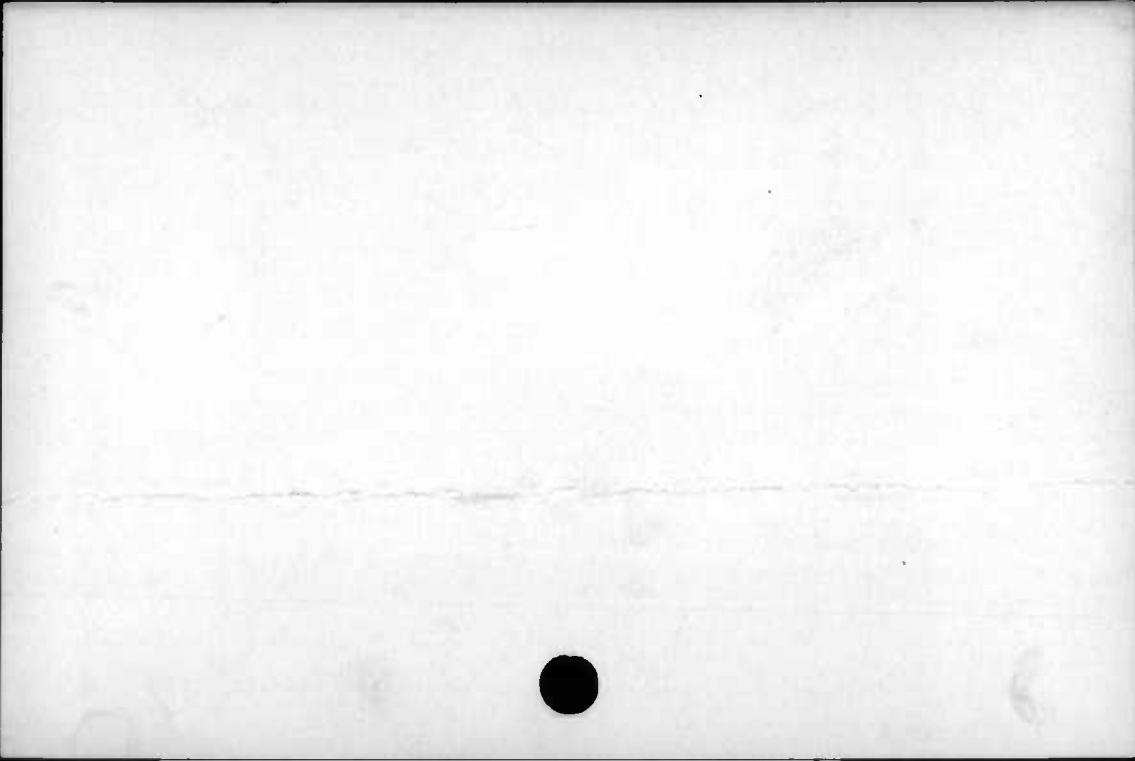
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Higson		County Dorchester		MARYLAND	
Date of death 190		Month 7	Day 2	Age 54	Years	Months 5	Days
Sex Male		Color or Race White		Birth- place Maryland			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mary E Martin					
Father's Name William Martin		Father's Birthplace Maryland					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information Mr B E Smith				How related to deceased None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Logrippe	How long	3 weeks
Immediate	Paralysis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Noble	
		Address Griston Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

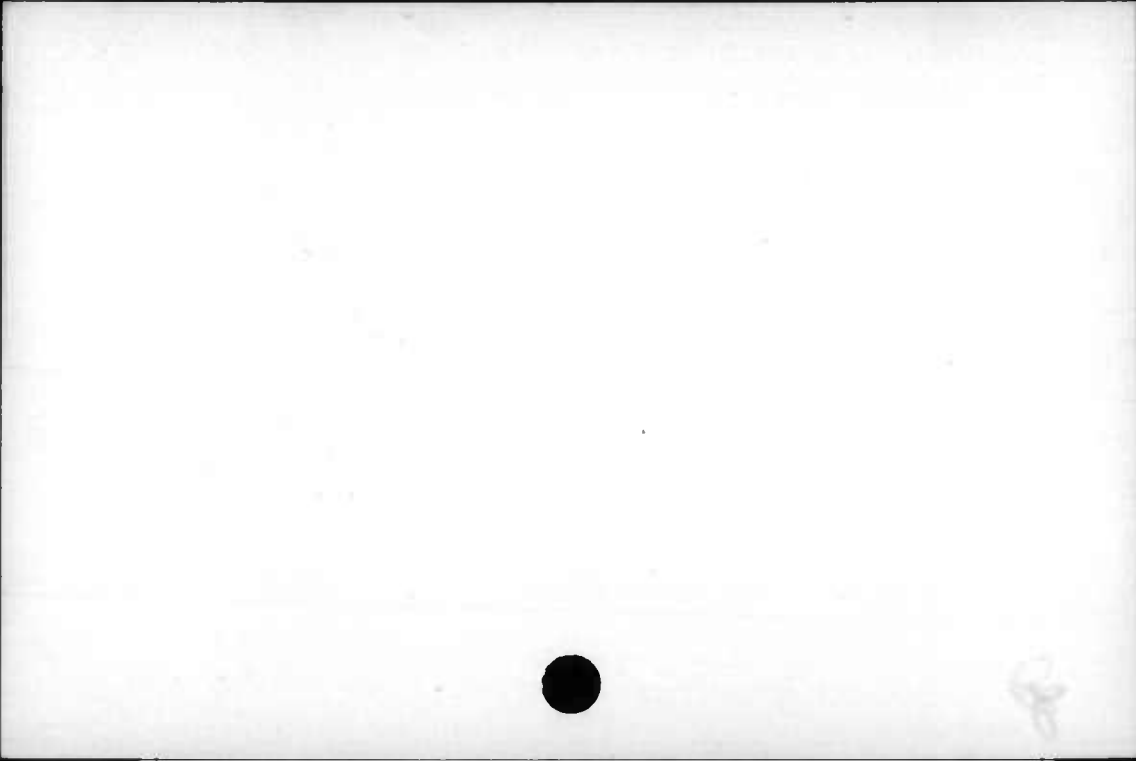
Died at <i>Lloyds</i> <sup>Town</sup>		<i>Warrakey</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr</i>	Day <i>28</i>	Age <i>0</i>	Months <i>0</i>	Days <i>1</i>
Sex <i>Girl</i>	Color or Race <i>Negro</i>		Birth-place <i>Lloyds in</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>George Warrakey</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Cornelia Warfield</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Geo Warrakey</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. A. Stokes</i>
	Address <i>R 7 b # 5 - Cambridge</i>
Accident or Suicide?	<i>Ind</i>



Name  
in  
Full

Martha McKinis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

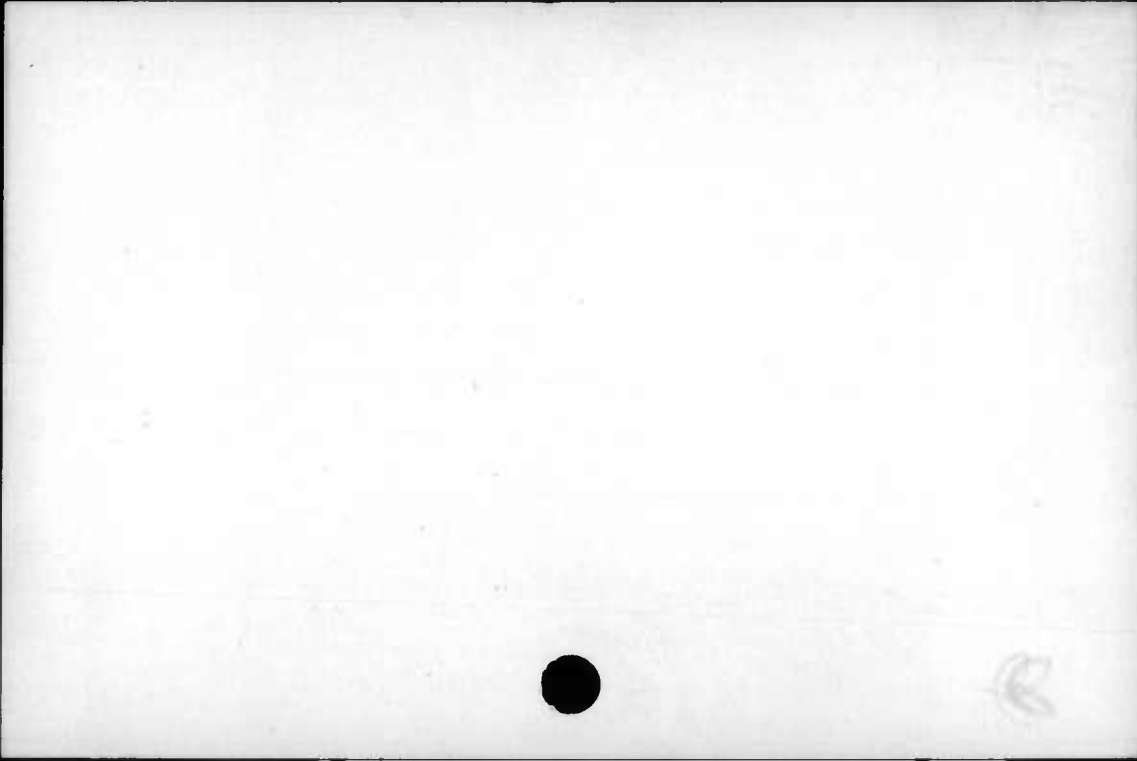
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>15</u>	Age <u>1</u>	Years <u>1</u>	Months <u>—</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>Cambridge "</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>And E. McKinis</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Verona A. Allen</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>And E. McKinis</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

76

PHYSICIAN  
OR CORONER

Primary <u>Chills Malaria</u>	How long <u>Three weeks</u>
Immediate <u>Meningitis</u>	How long <u>Six days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. M. Hamby</u>
	Address <u>Cambridge</u>
	<u>Mass</u>
Accident or Suicide?	



Name  
in  
Full

Sarah E. Maelling

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

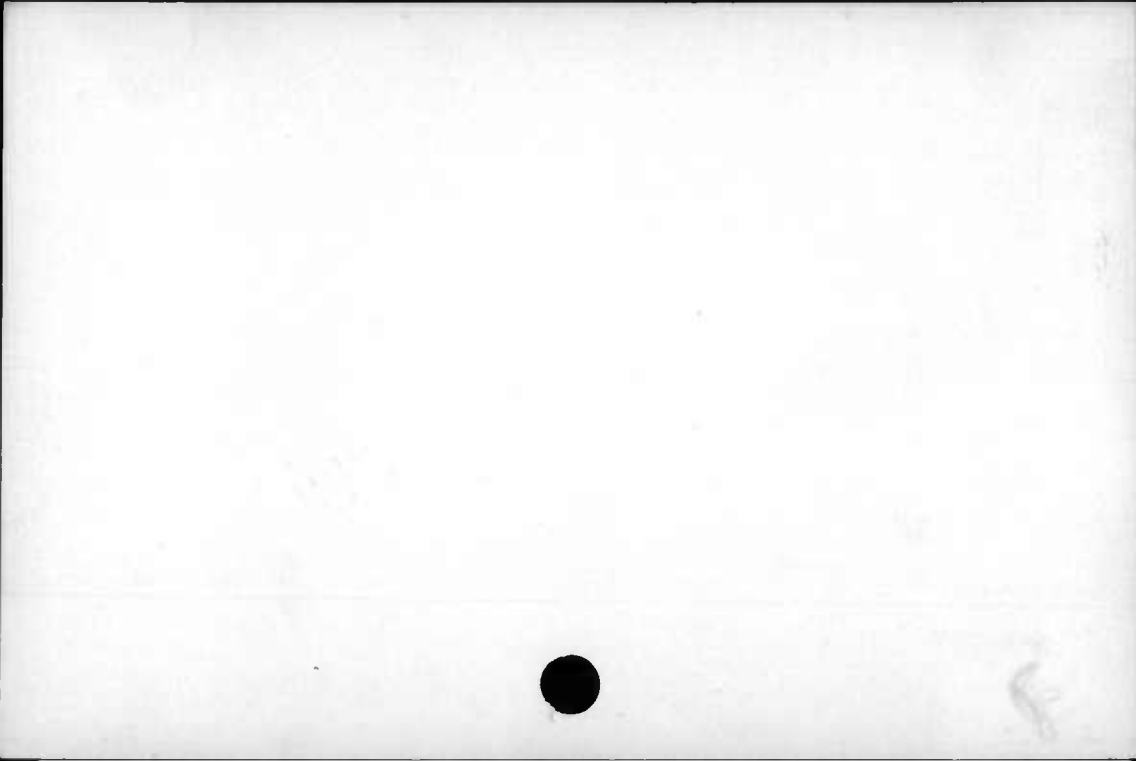
Died at <i>Cambridge</i>		Town		<i>Dorchester</i>		County		MARYLAND	
Date of death <i>1907 April 29</i>		Month		Day		Age <i>80</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New York</i>		Months		Days	
Occupation <i>Entire woman</i>		Where Residing if not at place of death <i>Cambridge</i>		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Madame Maelling</i>		Father's Name <i>Nathan Comstock</i>	
Mother's Maiden Name <i>Anna Merritt</i>		Father's Birthplace <i>Rhode Island</i>		Mother's Birthplace <i>Philadelphia</i>		How related to deceased <i>Daughter</i>		Name of person giving information <i>Edith Maelling</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Valvular heart disease + Nephritis</i>		How long <i>6 months</i>	
Immediate <i>Valvular heart disease</i>		How long <i>3 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Martin H. Goldborough</i>	
Address <i>Cambridge Md.</i>		Accident or Suicide? <input checked="" type="checkbox"/>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

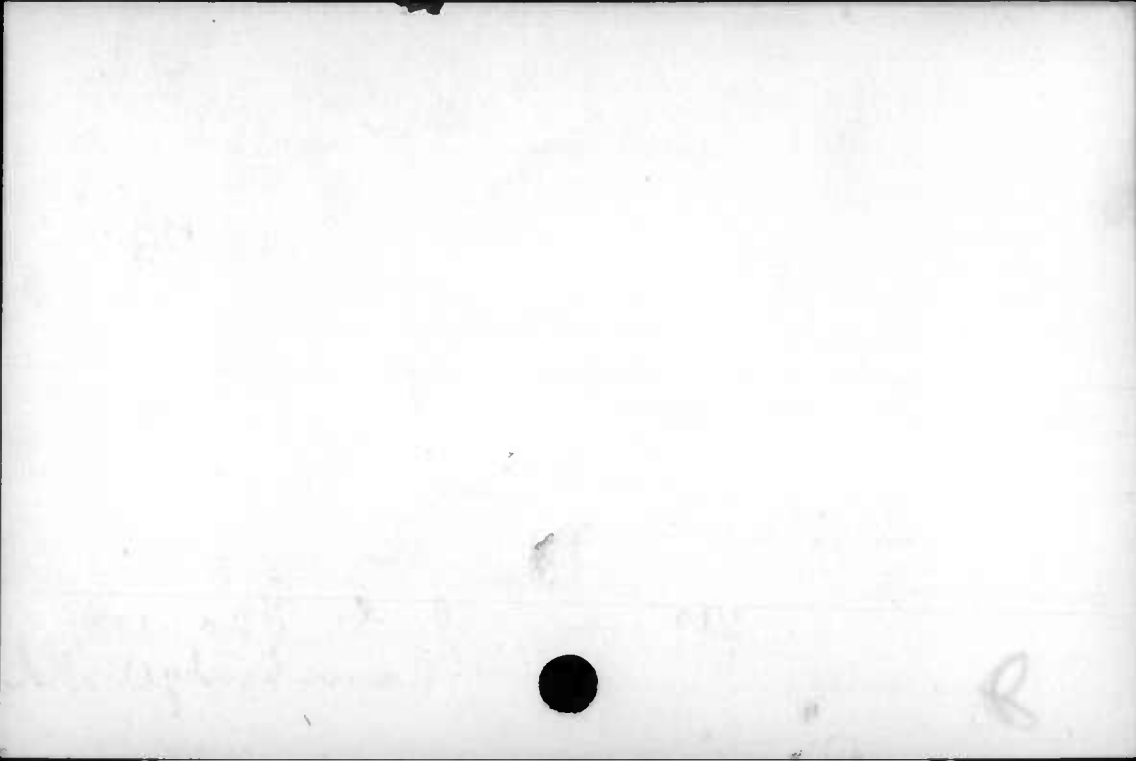
Name in Full <b>Edgar Lee Neal</b>		Town <b>Hurlock</b>		County <b>Harford</b>		State <b>MARYLAND</b>	
Died at		Month <b>April</b>		Day <b>9</b>		Age <b>10</b>	
Date of death		Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>md</b>	
Occupation		Where Residing if not at place of death <b>Williamsburg</b>		Married, Single or Widowed <b>child</b>		Name of Wife or Husband	
Father's Name <b>William K Neal</b>		Father's Birthplace <b>md</b>		Mother's Maiden Name <b>Ida Y Boyce</b>		Mother's Birthplace <b>md</b>	
Name of person giving information <b>Sam Boyce</b>		How related to deceased <b>Grandfather</b>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<b>Pneumonia</b>	How long <b>7 days</b>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. Maguire</b>
		Address <b>Hurlock Md</b>
Accident or Suicide?		



Name  
in  
Full

Clarence Henry Perry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambodge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>April</u> <sup>Month</sup>	<u>23</u> <sup>Day</sup>	Age <u>3</u> <sup>Years</sup>	<u>3</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Cambodge</u>		
Occupation <u>Baby</u>	Where Residing if not at place of death <u>Cambodge</u>				
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>Elijah C Perry</u>		Father's Birthplace <u>Cambodge</u>			
Mother's Maiden Name <u>Rebecca Bowler</u>		Mother's Birthplace <u>Cambodge</u>			
Name of person giving information <u>Elijah C Perry</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Asphyxiation due</u>	How long <u>176</u>
to lodging of nursing bottle nipple	How long
Immediate <u>in lungs.</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J L Gowers</u>
<u>J</u>	Address <u>Cambodge Md.</u>
Accident or Suicide? <u>Accident.</u>	



88

Name  
in  
Full

Lillie May Pinder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

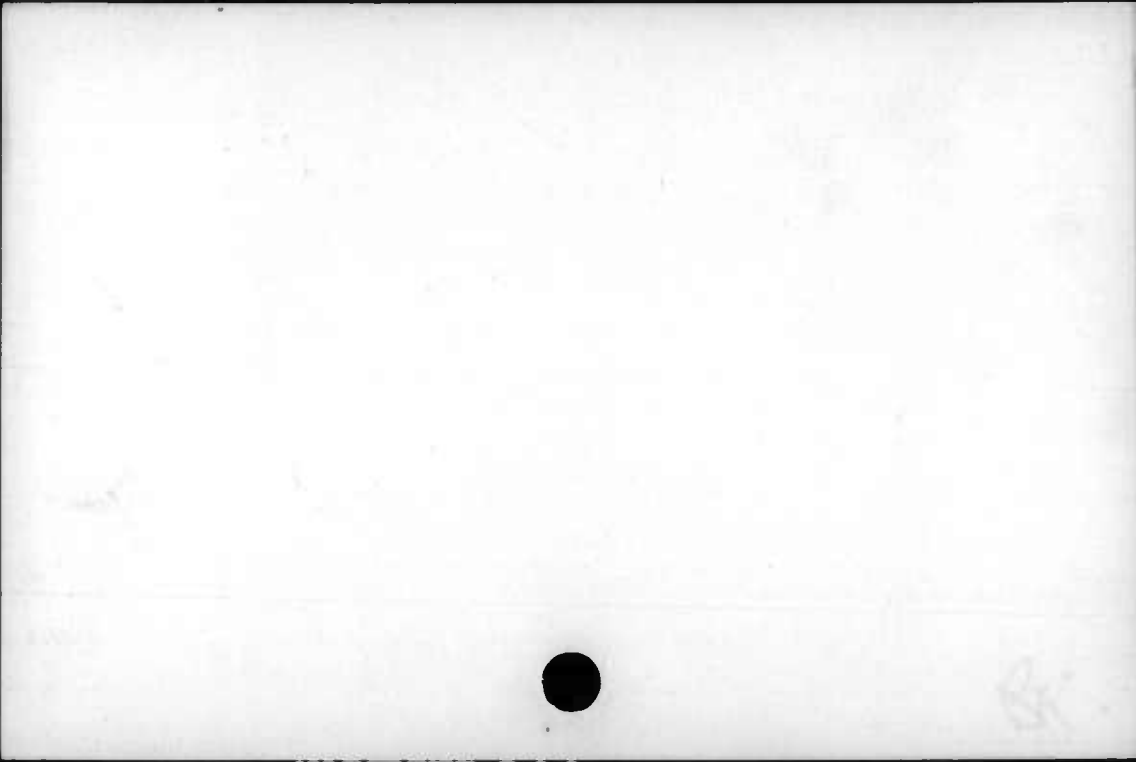
Died at <u>Cambridge</u> <sup>Town</sup>		<u>Wheeler</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Apr</u>	Day <u>18</u>	Age <u>4</u> Years	Months <u>1</u> Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>Colo.</u>		Birth place <u>W. Co. Md.</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Wife</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Boyd Mortimer</u>		Father's Birthplace <u>W. Co. Md.</u>			
Mother's Maiden Name <u>Ella Pinder</u>		Mother's Birthplace <u>W. Co. Md.</u>			
Name of person giving information <u>Miss Pinder</u>		How related to deceased <u>Grandfather</u>			

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	<u>Ascites. acute nephritis</u>	How long	<u>1 week</u>
Immediate	<u>ephastrin</u>	How long	<u>Health officer</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. Little</u>	
		Address <u>Cambridge Md.</u>	
Accident or Suicide?		<u>No physician in attendance.</u>	



Name  
in  
Full

Charles Enailes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

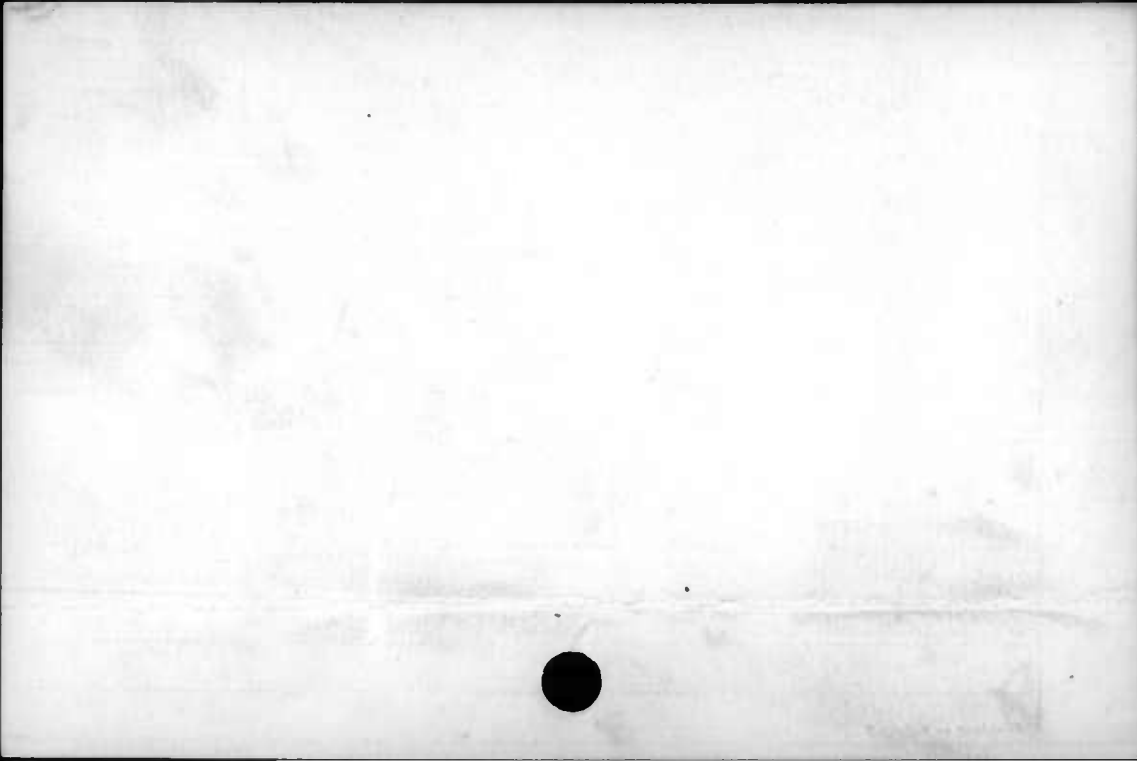
Died at		Town <i>Finchville</i>		County <i>Dor</i>		STATE <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Apr</i>	Day <i>7</i>	Age	<i>3</i>	Years	Months <i>0</i>
Sex	<i>male</i>		Color or Race	<i>black</i>		Birth place	<i>md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband				
Father's Name	<i>Chas Enailes</i>				Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>unknown</i>				Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Chas Enailes</i>				How related to deceased	<i>father</i>	

CAUSES OF DEATH

(92)

PHYSICIAN  
OR CORONER

Primary	<i>Catarrhal Pneumonia</i>		How long	<i>2 weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>R Kemp Jefferson</i>
			Address	<i>Federalburg</i>
Accident or Suicide?				<i>md</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East New Market</i> <small>Town</small> <i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>4</i> <small>Month</small>	<i>17</i> <small>Day</small>	<i>one</i> <small>Years</small>
<i>Male</i> <small>Sex</small>	<i>Colored</i> <small>Color or Race</small>	<i>East New Market</i> <small>Birth-place</small>	<i>8</i> <small>Months</small>
<i>Occupation</i>		<i>Where Residing if not at place of death</i> <i>Same place</i>	
<i>Single</i> <small>Married, Single or Widowed</small>	<i>had none</i> <small>Name of Wife or Husband</small>		
<i>W. H. H. Ross</i> <small>Father's Name</small>	<i>Unknown</i> <small>Father's Birthplace</small>		
<i>Vennie Lee</i> <small>Mother's Maiden Name</small>	<i>Unknown</i> <small>Mother's Birthplace</small>		
<i>W. H. H. Ross</i> <small>Name of person giving information</small>		<i>Father</i> <small>How related to deceased</small>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<i>Measles</i> <small>Primary</small>	<i>Two weeks</i> <small>How long</small>
<i>Can't say</i> <small>Immediate</small>	<i>11</i> <small>How long</small>
<i>Yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>	<i>had none</i> <small>Signature of Physician</small>
<i>2</i> <small>Accident or Suicide?</small>	<i>Wm J. Abdele JP</i> <small>Address</small>
	<i>asst</i>



Name  
in  
Full

Francis A. Ruark

## CERTIFICATE OF DEATH

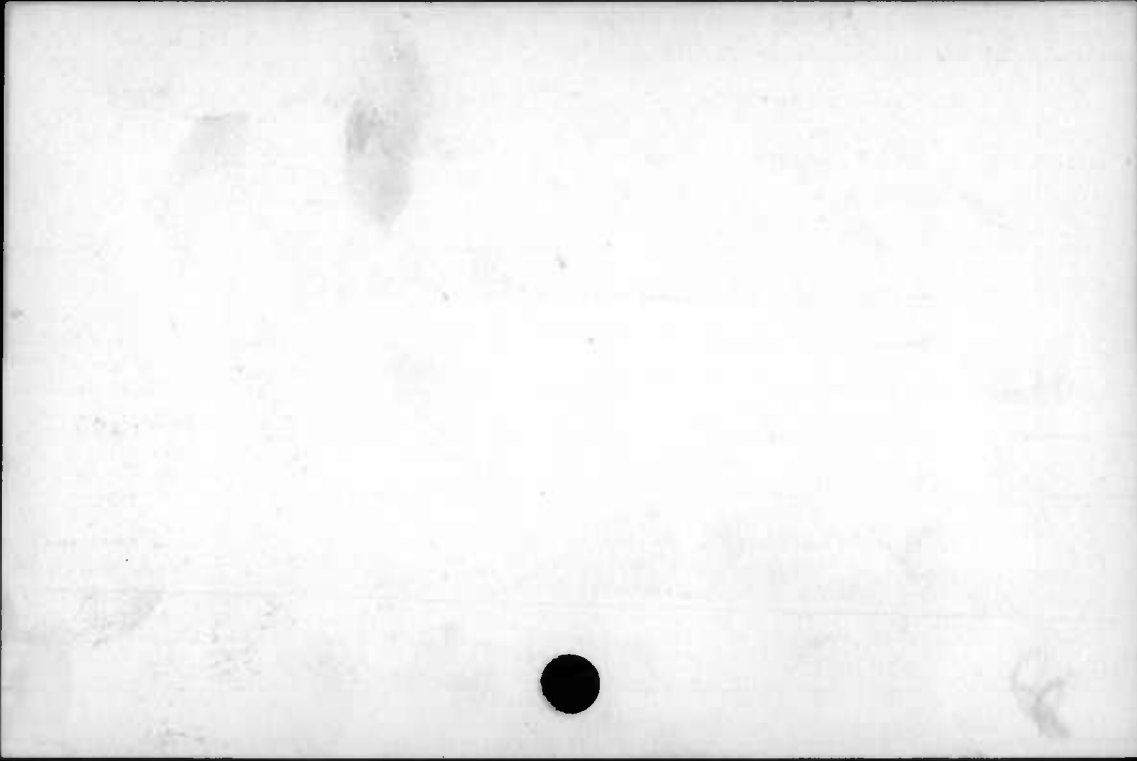
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1902</i>	Month <i>April</i>	Day <i>25</i>	Age <i>77</i> Years	Months <i>9</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Nurse</i>	Where Residing if not at place of death <i>Cambridge</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Major A. Ruark</i>				
Father's Name <i>Rodger Travers</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Adams</i>	Mother's Birthplace <i>Id</i>				
Name of person giving information <i>Mrs Della Donohoe</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Can't say</i>	How long <i>Can't say</i>
Immediate <i>Suffered Heart failure</i>	How long <i>short while</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Mace</i>
<i>I think so</i>	Address <i>Cambridge Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sarah Lephurs*

Town *East New Market* County *Dorchester* MARYLAND

Died at *East New Market Dorchester*

Date of death *1907* Month *4* Day *9* Age *94* Years Months Days

Sex *Female* Color or Race *colored* Birth-place *unknown*

Occupation *none* Where Residing if not at place of death *at place of death*

~~Married, Single~~ *widow* Name of Wife or Husband *Minger Lephurs*

Father's Name *Liam Baltimore* Father's Birthplace *unknown*

Mother's Maiden Name *don't know* Mother's Birthplace *unknown*

Name of person giving information *Harrison Ross* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Old age* *154* How long *one week*

Immediate *unknown* How long *don't know*

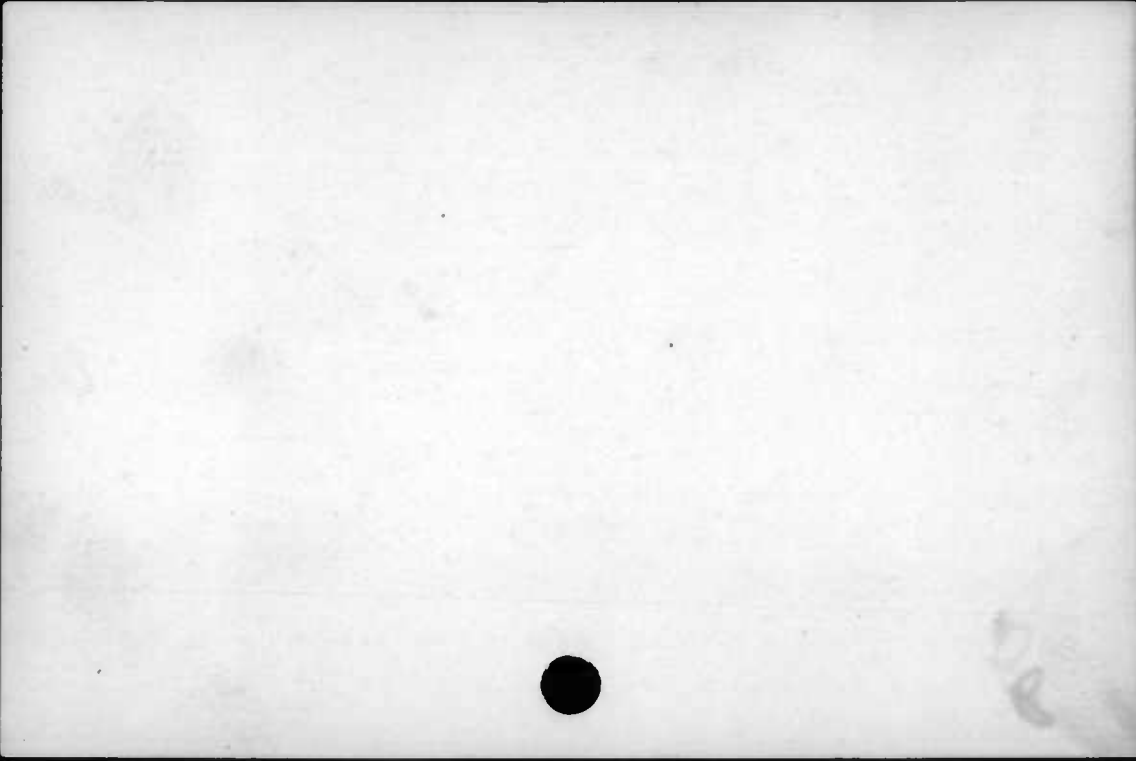
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *none*

Address *none*

Accident or Suicide? *no*

*asst. L. B. 21*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Alexander Stewart

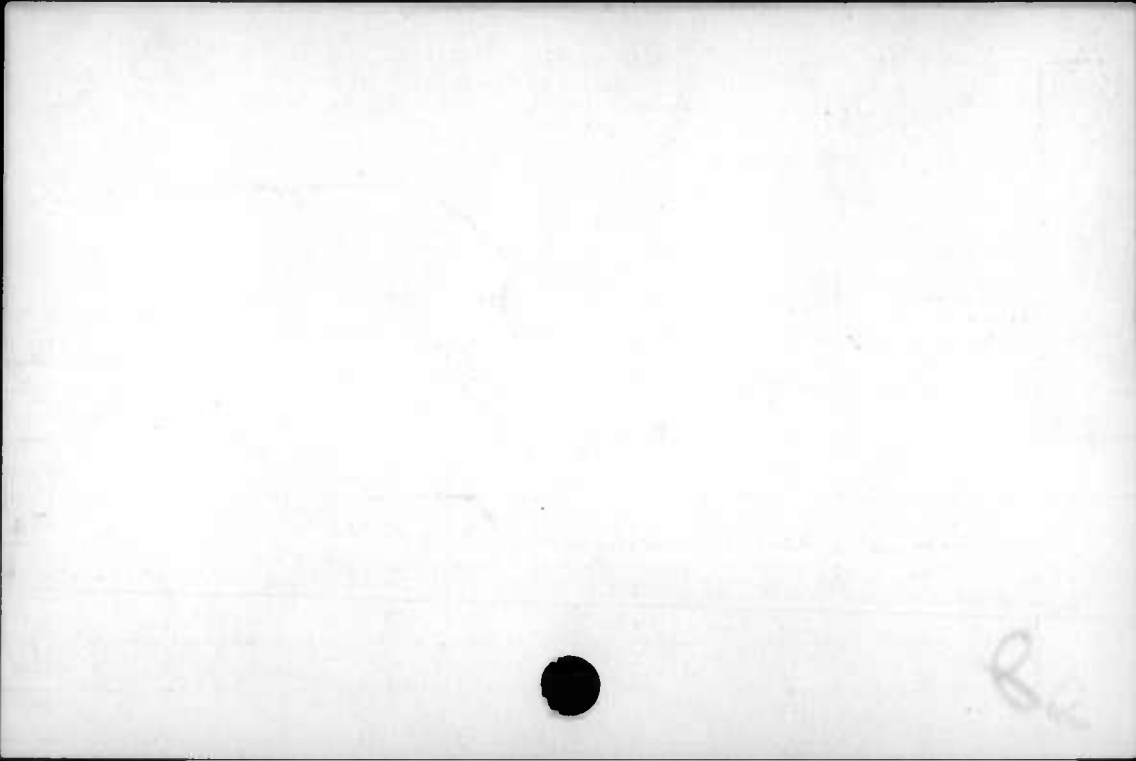
Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>11th</i>	Years <i>65</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset Co.</i>		
Occupation <i>Farming</i>		Where Residing if not at place of death <i>circus</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Salomon Stewart</i>		Father's Birthplace <i>Somerset Co.</i>			
Mother's Maiden Name <i>Sarah</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Ella Cornish</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Gall-bladder</i>	How long <i>Don't know</i>
Immediate <i>Exhaustion (gradual)</i>	How long <i>About 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
<i>J</i>	Address <i>Cambridge, Md.</i>
Accident or Suicide?	





Name  
in  
Full

Robert H- Tyler

## CERTIFICATE OF DEATH

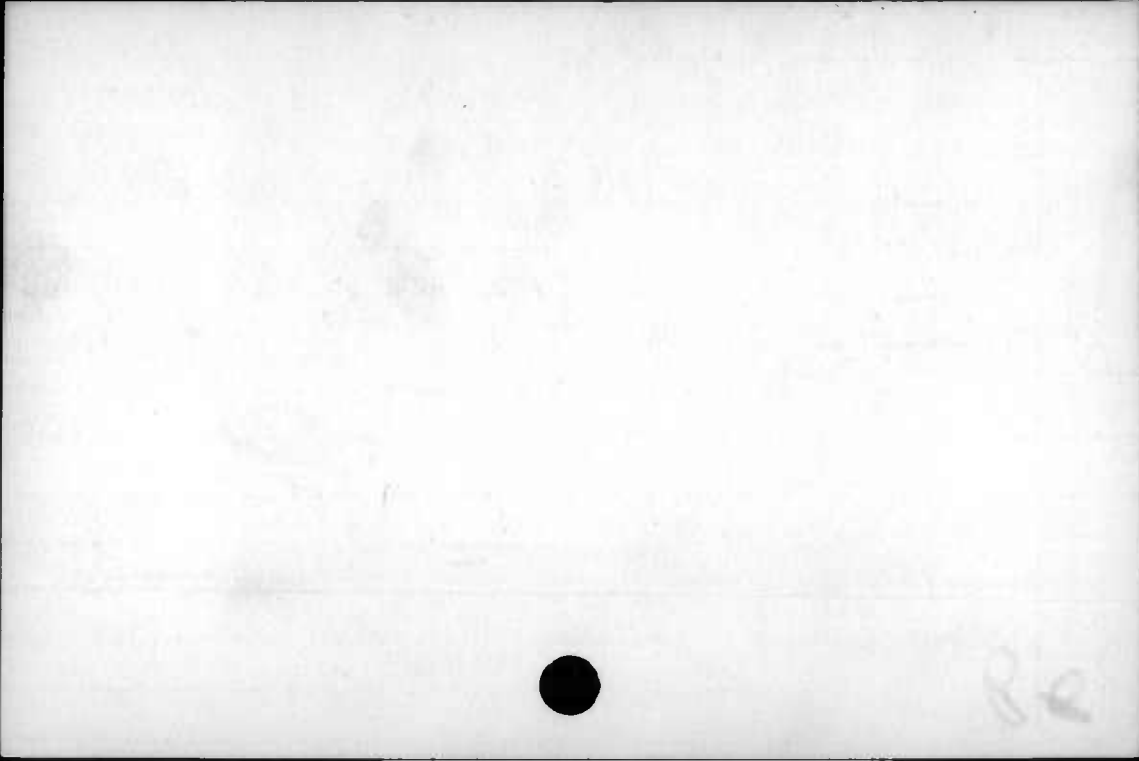
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lakeville</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>1</i>	Years <i>63</i>	Months <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Marry H. Dennis</i>			
Father's Name <i>David L. Tyler</i>		Father's Birthplace <i>Lakeville Md</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>- - -</i>			
Name of person giving information <i>Robert R Tyler</i>		How related to deceased <i>son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery chronic</i>	<b>14</b>	How long <i>about year</i>
Immediate <i>Exhaustion</i>		How long <i>short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Moore</i>
		Address <i>Cambridge Md Dorchester Co</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

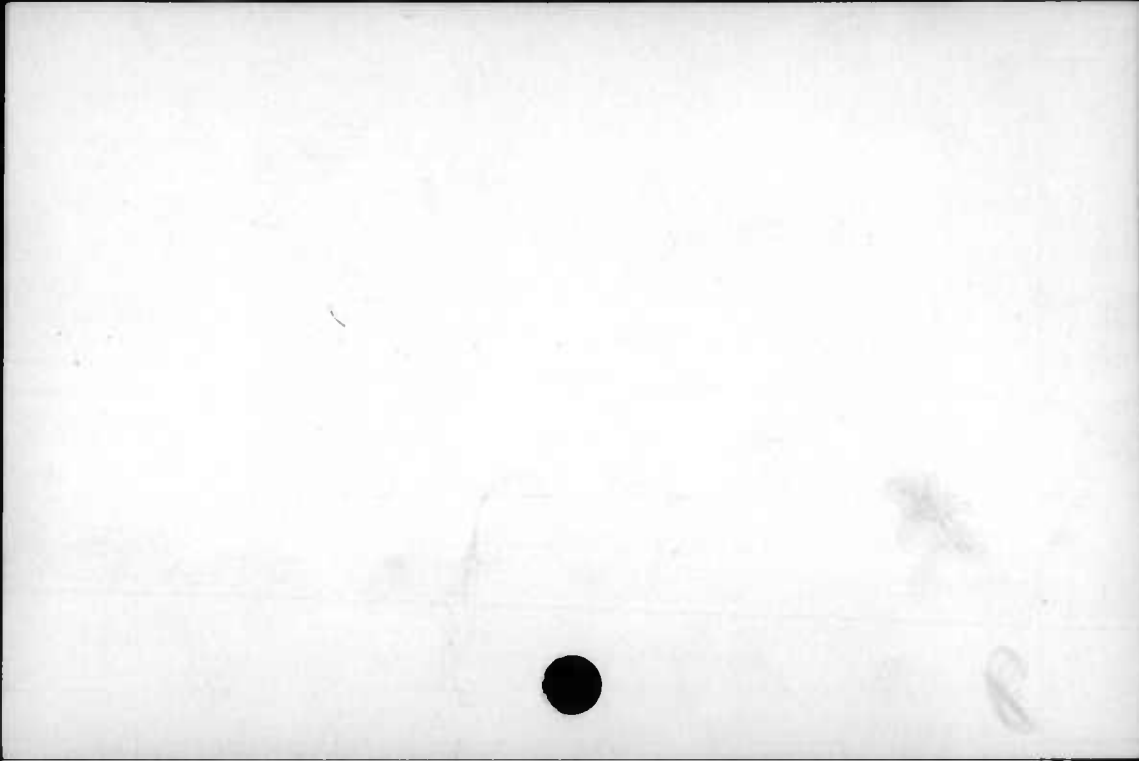
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>25</u>	Age <u>52</u>	Years <u>13</u>	Months <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ma</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Cambridge Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sam J Venable</u>				
Father's Name <u>D J Revell</u>	Father's Birthplace <u>Ma</u>				
Mother's Maiden Name <u>Mary Parker</u>	Mother's Birthplace <u>Ma</u>				
Name of person giving information <u>S J Venable</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <u>Chronic Interstitial Nephritis</u>	How long <u>don't know</u>
Immediate <u>Heart Failure</u>	How long <u>short while</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. R. Wolff</u>
<u>8</u>	Address <u>Cambridge, Md.</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

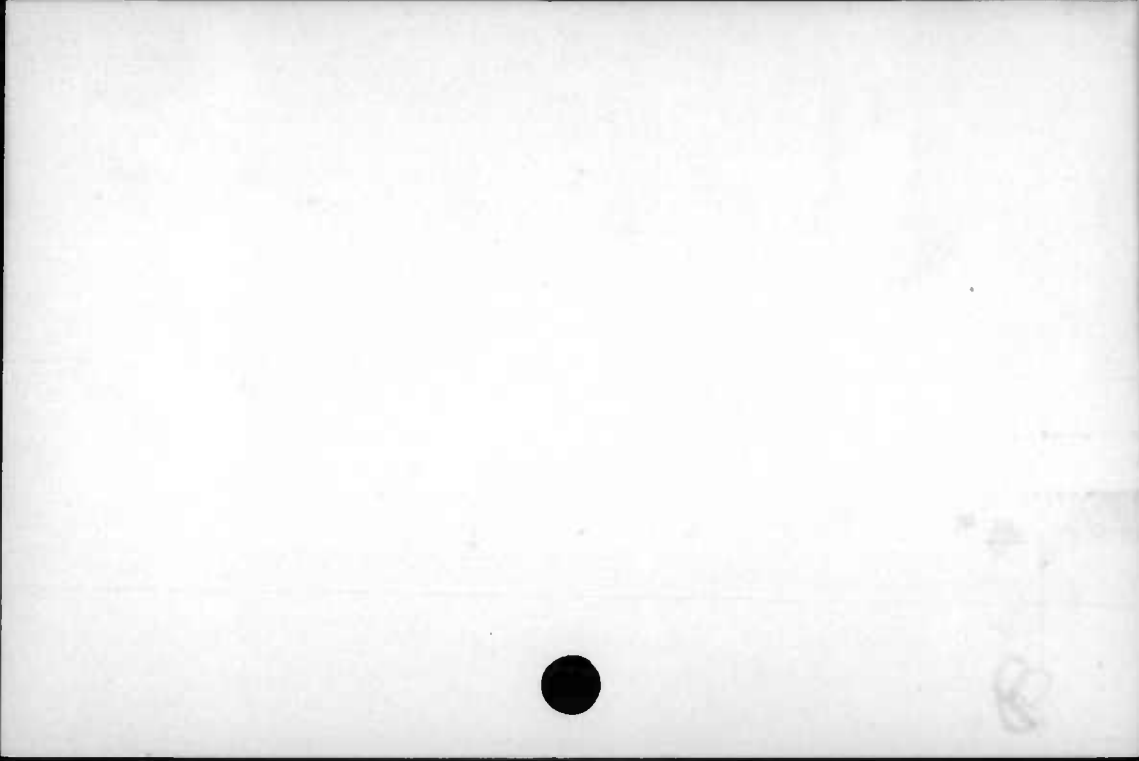
Died at <u>Leeds</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Apr</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age <u>53</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>negro</u>		Birth-place <u>Ma</u>		
Occupation <u>Farm Laborer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Henrietta Warfield</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	How related to deceased <u>Son in law</u>				
Name of person giving information <u>Robt. Dennis</u>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Organic heart dis.</u>	How long <u>6 mos</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes</u>
<u>8</u> <small>Accident or Suicide?</small>	Address <u>R. F. B. Cambridge</u>



Name  
in  
Full

Jamin Howell

## CERTIFICATE OF DEATH

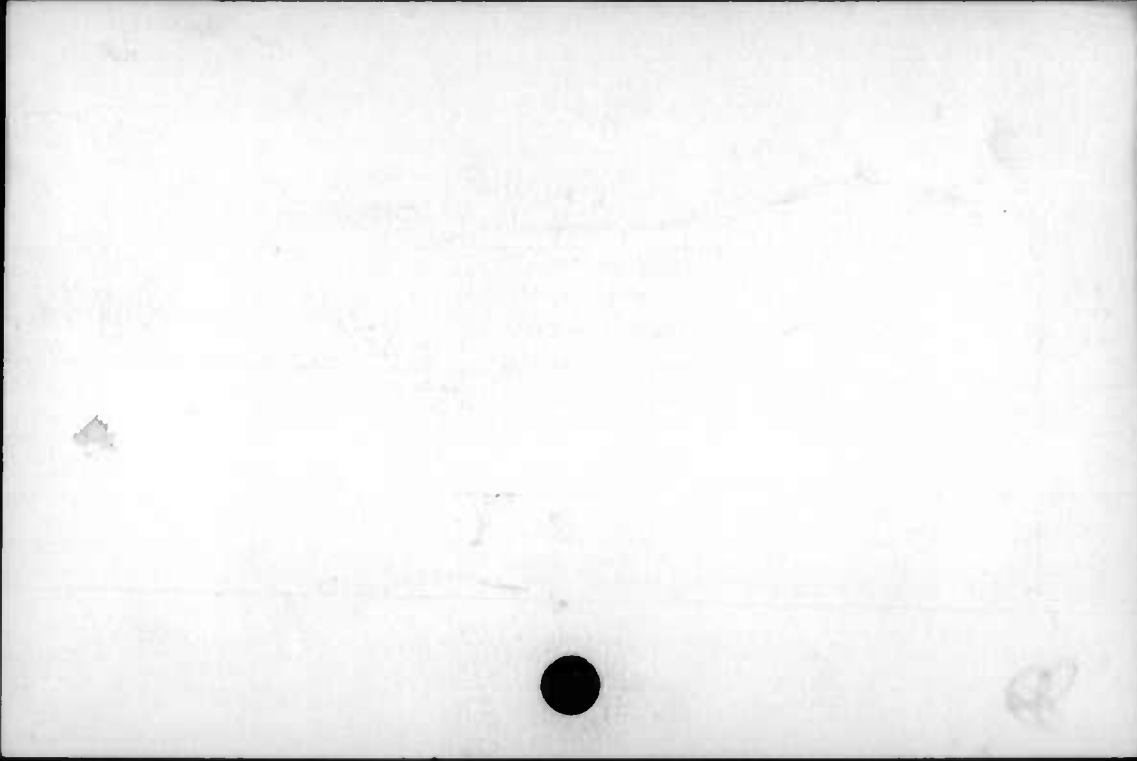
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oventridge</i> <sup>Town</sup>		<i>inches</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>4</i>	Day <i>30</i>	Age <i>14</i>	Months <i>14</i>
Sex <i>Male</i>	Color or Race <i>Culst.</i>		Birth-place <i>in Conn.</i>		
Occupation <i>Boys</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Jamin Howell</i>			Father's Birthplace <i>in Conn.</i>		
Mother's Maiden Name <i>Charlotte Howell</i>			Mother's Birthplace <i>in Conn.</i>		
Name of person giving information <i>J. M. Stanley</i>			How related to deceased <i>Cousin</i>		

## CAUSES OF DEATH

-PHYSICIAN  
OR CORONER

Primary <i>Pul. Tuberculosis</i>	<b>(27)</b>	How long <i>6 minutes</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Stiles</i>
		Address <i>Cambridge Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Williamsburg		Dorchester					
Date of death	1907	Month	4	Day	24	Age	8
Sex	Female	Color or Race	White	Birth-place	Dorchester		
Occupation				Where Residing if not at place of death	Williamsburg		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Martin E Wright			Father's Birthplace	Md		
Mother's Maiden Name	Jennie Wright			Mother's Birthplace	Md		
Name of person giving information	Martin E Wright			How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Transition	How long	6 months
Immediate		How long	6 months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?			

